Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PPLICATION FOR	<u>-</u>	2. DATE SUBMITTED	(11/0/	Applicant Ident	ifier cking #03-330
EDERAL ASSISTANCE		3. DATE RECEIVED	0/1/04	State Application	on Identifier
TYPE OF SUBMISSION:					
Application	Pre-application	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identif	ier
Construction	Construction				
Non-Construction APPLICANT INFORMATION	Non-Construction				
6. APPLICAN) INFORMATION			Organizational Unit		Water and Power
Ciry of Glenda	ia California	<u> </u>		rtment of	Water and I
Organizational DUNS:	<u>re, odrii</u>		Division:		- to ato d on mot
			Name and telephor	ne number of pe	rson to be contacted on mat
Address: Street:			Involving this appl	First Name:	
141 N	orth Glendale	Avenue			Donald
City: Glend	1216		Middle Name	kalph —————	
			Last Name T	roelich	
County: Los A	ingeles		Suffix:		
State: California	Zip Code 91206		···		
Country:					ci.glendale.ca.us Fax Number (give area code)
6. EMPLOYER IDENTIFICAT	ION NUMBER (FIN):		Phone Number (give	a area code)	(818) 552-2852
			(949) 525-	2672 	
PP-GOOGI	14		7. TYPE OF APPL	ICANT: (See ba	ck of form for Application Type
8. TYPE OF APPLICATION:	French .	tion F Revision	C: Munici		
If Revision, enter appropriate	letter(s) in box(es)	MIDIT WITH THE THE	Other (specify)	•	•
(See back of form for descript	tion of letters.)		1		A WHITE STATE OF THE PARTY OF T
			9. NAME OF FEDI	ERAL AGENCY:	PITT CLEON FETC
Other (specify) 10. CATALOG OF FEDER			11 DESCRIPTIVE	TITLE OF APRI	HEANT'S PROJECT:
TITLE (Name of Program);	Cour	DO-GO	Chromium	Treatment	STATE CLEARING HO
12. AREAS AFFECTED BY		Mibd, Ciclos, City,			7 - 5
Los Angeles C	ounty		14. CONGRESSI	ONAL DISTRICT	S OF: Eroject Hexavalen
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	Yntor & Po	wer Demonstration
9/1/04		/31/06	16, IS APPLICAT	ION SUBJECT	SOF: 27th b.Rroject Hexavalen Chromium Treat wer Demonstration TO REVIEW BY STATE EXEC
15. ESTIMATED FUNDING	3		ORDER 12372 PE	PREAPPLICATI	ON/APPLICATION WAS MAD
a. Federal	\$	447,100	a. Yes. AVAI	LABLE TO THE	ON/APPLICATION WAS MAD STATE EXECUTIVE ORDER
b. Applicant	\$	00	PRO	CESSTORING	, <u> </u>
и, Аррисент		.00	DATE		12004,005
c. State	\$	40	PRO	GRAM IS NOT C	OVERED BY E. O. 12372
d. Local	\$		b. No. 17	DECCRAM HAS	NOT BEEN SELECTED BY S
e. Other	\$.00	E FOR	REVIEW	WENT ON ANY EFRERAL DE
	\$		17. IS THE APP	LICANT DELING	UENT ON ANY FEDERAL DE
f. Program Income		W	——————————————————————————————————————	attach an explans	ition. No
g. TOTAL	\$	447,100			SE YOUR AND CORRECT. IF
18. TO THE BEST OF MY DOCUMENT HAS BEEN D ATTACHED ASSURANCE	KNOWLEDGE AND BE ULY AUTHORIZED BY S IF THE ASSISTANCE	LIEF, ALL DATA IN TH THE GOVERNING BOI IS AWARDED.	DY OF THE APPLICANT	AND THE APPL	RETRUE AND CORRECT. TH ICANT WILL COMPLY WITH
a, Authorized Representat	VG		N	liddle Name -	Eland
Profix	First Name J	ames	9	Suffix	
				Talenhone Num	ber 'di le area code)
Last Name Starbi	TO		K	(818)	ber /di.e агея соde) 548-4844
Last Name Starbi					
b. Tille City M	lanager		e	Date Signed	M2109
Starbi	lanager		e	. Date Signed	Standard Form 424 (Re Prescribed by OMB Circl

		OMB	Approval No. 0348-0043			
APPLICATION FOR	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
Type of Submission: Application	D	3. Date Rec'd by State	State Application Identifier			
Application Construction	Preapplication	4 Par Paulin Palaul				
Construction _X Nonconstruction	Construction Nonconstruction	4. Date Rec'd by Federal	Federal Identifier NW 98980301			
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		San Francisco Bay Regional Water				
(give city, county, state, an		Name and telephone of person to				
l .	Resources Control Board	involving this application (give ar	rea code):			
4	t, Sacramento County California 95814	Marsha Brockbank (510) 622-2325				
6. Employer Identification	n Number (EIN): 680281986	7. Type of Applicant: (enter appr	opriate letter)A			
			ndependent School District			
6. DUNS Number: 80	08321913		ate Institute of Higher Learning			
8. Type of Application:			ivate University			
New X Revision	n Continuation	•	ndian Tribe			
If Revision, enter appropria A. Increase Award			dividual			
I	B. Decrease Award	F. Intermunicipal M. P.	ther (specific ECEIVED			
Other (specify)	D. Decrease Duration		ther (specify CUIV CU			
		9. Name of Federal Agency:	JUN 3 0 2004			
 Catalog of Federal Doi 66.456 		•	al Protection Agency			
Title: National Estu	uary Program	11. Descriptive Title of Applican	t's Project STATE CLEARING HOUS			
		The San Francisco Estuary Projec	et's purpose is to oversee and			
12. Area Affected by Proje		track the implementation of a coor				
(cities, counties, states, etc.		strategy for preserving, restoring and enhancing the Bay-Delta				
	o Bay, California	Estuary.				
13. Proposed Project:						
Start Date	End Date	14. Congressional District of:				
1/1/01	12/31/05	Applicant: Project 3 Califo	ct: omia - All			
15. ESTIMATED FUNDI	NG:	16. Is the application subject to re	eview by the State			
		Executive Order (EO) 12372 proc				
a. Federal	\$100,107	a. YES:X_ This applica				
b. Applicant	\$0	•	te EO 12372 process for			
c. State	\$100,038	review on:				
d. Local e. Other	\$0 \$0		June 30, 2004			
f. Program Income	\$0 \$0		not covered by EO # 12372			
r. Program meome	\$0		s not been selected by the			
g. TOTAL	\$200,145	state for revi				
g. 1077.2	Ψ2.00,170	17. Is the applicant delinquent on any Federal debt? YES, attach explanation X NO				
	The second secon					
18. TO THE BEST OF M	Y KNOWLEDGE AND BELIEF, ALL	L DATA IN THIS APPLICATION/PRI	EAPPLICATION ARE			
		AUTHORIZED BY THE GOVERNI				
APPLICANT, AND THE A IS AWARDED.	APPLICANT WILL COMPLY WITH	THE ATTACHED ASSURANCES IF	THE ASSISTANCE			
	J D amazantativa	h mid				
 Typed Name of Authorize Celeste Cantú 	•	b. Title:	c. Telephone Number			
Celeste Caint	1	Executive Director	(916) 341-5615			
d. Signature of Authorized	Representative		e. Date Signed:			
<u> </u>	representative		c. Date Signed.			

Application for Federal Education Assistance (ED 424)



ບ.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit
1. Name and Address	Organizational Offic
Legal Name: Wheatland School District	
Address: 711 Olive Street	
Wheatland CA Yuba	<u>95692</u> ntv
City State Cour	.
2. Applicant's D-U-N-S Number	7_ 6. Novice ApplicantYes X_No
3. Applicant's T-I-N	7. Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84.1 _8 _4 _b_	
Title: Mentoring Programs Grant	8. Type of Applicant (Enter appropriate letter in the box.) F
	A - State F - Independent School District
F. Decicat Divertory Come O'Mard	B - Local G - Public College or University
5. Project Director: Cory O'Neal	C - Special District H - Private, Non-profit College or University
Address: Bear River Middle School, 100 Wheatland Park Drive	D - Indian Tribe I - Non-profit Organ ization
Wheatland CA 95692	E - Individual J - Private, Profit-Making Orbanikation
City State Zip code + 4 Tel. #: (530) <u>633 - 3135</u> Fax #: (530 <u>) 633 - 3142</u>	K - Other (Specify):
	JUN 3 0 2,004
E-Mail Address:coneal@wheatland.k12.ca.us	
Application Information	STATE CLEARING HOUS
9. Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
Construction Construction	Yes (Go to 12a.) _X No (Go to item 13.)
Non-Construction X_ Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations?
Yes (Date made available to the Executive Order 12372 process for review)://	Yes (Provide Exemption(s) #):
	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review.	
	Academic Volunteer Mentor Program. 400 student mentees in grades 4 th – 8 th matched with screened traind adult volunteers for academic improvement.
11. Proposed Project Dates: _9 / 2 / _2004	
Start Date: End Date: Estimated Funding Authorized Representat 15. To the best of my kno	ive Information wledge and belief, all data in this preapplication/application are true
14a. Federal \$ 200,000.00 and correct. The doc	sument has been duly authorized by the governing body of the applicant
b. Applicant \$ 00 and the applicant will	I comply with the attached assurances if the assistance is awarded.
c. State \$ 00 a. Authorized Representat	tive (Please type or print name clearly.)
d. Local \$ 00 <u>Debra Pearson</u>	
e. Other \$ 00 b. Title:Sup	perintendent Wheatland School District
f. Program Income \$ 00 c. Tel. #: (530) <u>633</u>	3130Fax #: (530)_6334807
d. E-Mail Address:dp	pearson@wheatland.k12.ca.us
g. TOTAL \$ 200,000 . 00 e. Signature of Authoriz	
	M/. Lo 0 1 & M. Date: 6 / 14 / 04

APPLICATIO			2. DATE SUBMITTED 6/2	8/04	A	Applir lentifier N/.	A
1. TYPE OF SUBMIS		IIACE	a, DATE RECEIVED B	STATE	s	State Applicant Identifier	
Application	33,014	Ртоврейсейоп				N/.	٨
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY F	ederal Identifier	***
☑ Non-Construct	tion	Non-Construction ■ Non-Construct				1	N/A.
5, APPLICANT INFO							
Legal Neme: Santa	Rose, City	of		Organizations	d Unit:		
Organizational DUNS	S: 0.	7-187-9464		Division:			
Address (give city, c				Name and teld	ophone nu	imber of person to be contacted	i on matters involving this
965 Sonon				application (g Name:		oas) lle Comerford	
Santa Ros						rford@ci.santa-ro)84.C4.US
Same Kos	a, CA 25.	, 0-1		1		43-3561	
				FAY:	707-54	13-3695	
6. EMPLOYER IDE	NTIFICATIO	n number (Ein):		7. TYPE OF	APPLICAN	NT: (enter appropriate letter)	In hax) C
	94600	0428		A. State		H. Independent School I	
				6. County C. Munici	•	i. State Controlled Ins J. Private University	ditution of Higher Leaming
8. TYPE OF APPLIC	CATION:			D. Towns		K. Indian Tribe	
	⊠ N	lew Continuation	☐ Revision	E. Interst		L. Individual	
		· •			uniolpal	M. Profil Organization N. Other (Specify)	
If Revision, enter app			L	G. Specia	di Dibilici	14. Other (opposity)	
A. Increase Award	_	3. Decrease Award C. Diher <i>(specily):</i>	Increase Duration	9. NAME OF	FEDERAL	L AGENCY:	
D. Decreese Dum	Mon r	aniei (specily).				Department of Justic	1 4
				1	Office of	Community Oriented Pol	licing Services
40 0474100 OFF	EDERALD	OMESTIC ASSISTANCE	NIIMBER:	11. DESCRIP	TIVE TITL	LE OF APPLICANT'S PROJEC	CT;
10. CATALOG OF F	EDERALL	DIMES IIC X33131XNOL				f automated citat	
		1 6	7 1 0			re system	TOU SOLEMAIN
TITLE: 2004 Tea	chnology I	iltiative		dire in	ar awar	10 0,5,0,000	
12. AREAS AFFECTE	BY PROJEC	T (cides, counties, states, e): 	1			
City	of San	ta Rosa					
13. PROPOSED PR	OJECT:	14. CONGRES	SIONAL DISTRICTS OF	!:			
Start Date	Ending Da	e. Applicant		b, Proj <i>e</i>	a cart		
1/23/2004	1/22/2	005 CA-6		C	A-6		
16. ESTIMATED FU	NDING:			16. IS A	PPLICATI	ION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal		s	98948.00	ORC	DER 12372	2 PROCESS?	
			302,1075	a. YE	S) THIS (PREAPPLICATION/APPLICAT	TON WAS MADE
b. Applicant		\$.0.		AVAIL	LABLE TO THESTATE EXECL CESS FOR REVIEW ON:	JTIVE ORDER 12372
					PROC	LESS FOR REVIEW ON.	•
c. State	٦.	TOEIVED	.0.)	DATE	6/28/04	
d. Local	HOI	- ULIVED	, 0	, 		0749794	***************************************
U. LODA		JUN 2 9 2004		b. N	10. 🔲	PROGRAM IS NOT COVERED	D BY E.O. 12372
n. Other	1	\$	IQ.	5	-	OR PROGRAM HAS NOT BEE	EN SELECTED BY STATE
						FOR REVIEW	
(. Program income	SIAT	CLEARING HOU	SE .DI				A PURE PART - TOTAL
	, , , ,					ICANT DELINQUENT ON ANY If "Yee," attach an explanation.	
g. TOTAL		s .			105	ii res, anden an explanation.	the state of
18. TO THE BEST OF I	MY KNOWLE	DOE AND BELIEF, ALL DATA	IN THIS APPLICATION/PE	EAPPLICATION A	RETRUE A	AND CORRECT. THE DOCUMENT NCES IF THE ASSISTANCE IS AWA	'HAS BEEN DULY AUTHORIZED ARDED.
a. Typed Name of A			b, Tille				c, Telephone number
Edwin F.	Flint		C	nief of P	olice		707-543-3559
d. Signature of Author	orized Repr	Sentative ^	1 - 1)	7	1 10-1	6. Date Signed 6/28/04
1 Ares	- A1.	awon. A	eputy Ch	ial to	V 2	& Kent	0,20,07
Previous Editions Usable	NW	Authorized for Lad		Standard Fo	rm 424 (RE	EV. 4-92)	Prescribed by OMB Circular A-10
Litalions Edinolis Cariolo		Control of Fre		V	•		

APPLICATION FOR FEDERAL ASSISTANCE	c	2. DATE SUBMITTED		l Anniform Claim	Version 7/0
	<u> </u>	6/28/2004		Applicant Ide	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Un	it:	
Menorah Housing Foundation			Department: Menorah Housing I		
Organizational DUNS: 94-690-5304	- Marie Control of the Bright of	A lam has	Division:	Canadabir	
Address:	HECK	IVEU		ne number of pe	erson to be contacted on matters
Street:			involving this app	lication (give are	a code)
1618 Cotner Avenue	JUN 2	9 2004	Prefix: Ms.	First Name: Anne	
City: Los Angeles	,		Middle Name		
County: Los Angeles	STATE CLEAF	RING HOUSE	Last Name Friedrich		
State: California	Zip Code 90025		Suffix:	·	
Country: United States	00020	Personal Control of the Control of t	Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		afriedrich@menora Phone Number (give		Fax Number (give tirea code)
23-7103775	, ,		(310) 477-4942 x. 2		(310) 477-5307
8. TYPE OF APPLICATION:	<u> </u>				k of form for Application Types)
₽ Ner		n 🔲 Revision	O - Not for Profit Or		K of lottle to Application Types
lf Revision, enter appropriate let See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)	342 44.,	
Other (specify)			9. NAME OF FEDE U.S. Department of		an Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	3		CANT'S PROJECT:
TITLE (Name of Program): Section 202 Supportive Housing	a for the Elderly	14-157	Parthenia Street Se 75 Units of Section Elderly	enlor Housing 202 Subsidized H	lousing for Very Low Income
12. AREAS AFFECTED BY PR		, States, etc.):	2 mixed finance uni	ts @ 50% AMI fur	nded by the City of Los Angeles
City of Los Angeles			Housing Departmen		
13. PROPOSED PROJECT			14. CONGRESSION	NAL DISTRICTS	OF:
Start Date: 1/1/05	Ending Date: 6/30/06		a. Applicant 30th		b. Project 27th
15. ESTIMATED FUNDING:					REVIEW BY STATI: EXECUTIVE
a. Federal \$			ORDER 12372 PRO	CESS? REAPPLICATION	/APPLICATION WAS MADE
202 Capital Advance b. Applicant \$		9,359,730	_ a. tes. 🚝 AVAILA		ATE EXECUTIVE ORDER 12372
c. State \$		10,000			4 O14
·			_	June 28, 2004	
d. Local \$		1,281,627	b. No. III PROGF	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	OR PRO		FBEEN SELECTED BY STATE
f. Program Income \$ 202 PRAC		1,385,280			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		12,036,637	Yes If "Yes" atta	ch an explanation	. 💆 No
18. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE (BOVERNING BODY OF 1	PLICATION/PREAPPI THE APPLICANT AN	ICATION ARE T D THE APPLICAL	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name		Middl	e Name	
Ast Name	Anne		Suffix		
riedrich . Title					
President			(310)	ephone Number (477-4942 x. 26	give area code)
. Signature of Authorized Repre	sentative Uunl	turlet	e. Da 6/28	te Signed /04	
revious Edition Usable uthorized for Local Reproductio	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FO		2. DATE SUBMITTED 6/28/04		Applicant Identifier	OMB Approval No. 0348-0943
1 TYPE OF SUBMISSION		3. DATE RECEIVED BY	STATE	State Applicant Identifier	
Application	Preapplication			N/A	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			, , , , , , , , , , , , , , , , , , , ,	•
6. APPLICANT INFORMATIC			Ossanlandianal Mali) / A	
Legal Name: Carlshad Police			Organizational Unit:	N/A	
	3333932			e number of person to be contacted	on malters levelving this
Address (give city, county, st.	ate, and zip cooej.		application (give are		off frieders involving the
2560 Orion Way			Name: Lynr	n Diamond	
Carlsbad, CA 92	008		Phone: 760-	931-2170	
8. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLI	CANT; (enter appropriate letter li	box) C
956	6004793		A. State	H. Independent School D	ist.
			B. County		itution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal D. Township	J. Private UniversityK. Indian Tribe	
	New Continuation	☐ Revision	E. Interstate	L. Individual	
			F. Intermunicip G. Special Distr	-	
If Revision, enter appropriate A, Increase Award		Increase Duration	G. Special Dist	Tion 14. Other (Specify)	
D. Decrease Duration	Other (specify):	mercasa Daraton	9. NAME OF FEDE	RAL AGENCY:	
				Department of Justice	
			Offic	e of Community Oriented Poli	icing Services
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE I	NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	Τ;
	1 6	7 1 0		Added Discussion a	i
TITLE: 2004 Technology	<u> </u>			r-Aided Dispatch a Pata System	na
	JECT (cilles, counties, states, e	(c.):	Mobile B	dta System	
City of Carls					
13. PROPOSED PROJECT:		SIONAL DISTRICTS OF	1:		
Start Date Ending		LIX TENEDO	b. Project		
1/23/2004 1/2:	^{2/2005} Congre	essional Distr	rict 50	Same	
15. ESTIMATED FUNDING:			16. IS APPLI	CATION SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	3	989477.00	ORDER 1	12372 PROCESS7	
				HIS PREAPPLICATION/APPLICAT	
b. Applicant	HECEIVE	.O		AVAILABLE TO THESTATE EXECU PROCESS FOR REVIEW ON:	TIVE ORDER 12372
c. State	JUN 2 9 20			DATE 6-28-04	
d. Local	\$.0		PROGRAM IS NOT COVEREI	D BY E.O. 12372
e, Other	STATE CLEARING F	IOUSE I	0 0	OR PROGRAM HAS NOT BEI FOR REVIEW	EN SELECTED BY STATE
f. Program Income	\$.0		APPLICANT DELINQUENT ON AN	
g. TOTAL	Š	.0		If "Yes," altach an explanation	
18. TO THE BEST OF MY KNOW BY THE GOVERNING BODY OF	NLEDGE AND BELIEF, ALL DATA THE APPLICANT AND THE APP	N IN THIS APPLICATION/P LICANT WILL COMPLY WI	REAPPLICATION ARE T TH THE ATTACHED ASS	RUE AND CORRECT. THE DOCUMEN' SURANCES IF THE ASSISTANCE IS AV	T HAS BEEN DULY AUTHORIZED
a. Typed Name of Authoriza		b. Title	Chief of Po		c. Yelephone numbor 760-931-2131
d. Signature of Authorzed R	epicsentalive)			e. Date Signod
1	17 -200				6-28-04
Pravious Edillona Usable	Authorized for Lac	cal Reproduction	Standard Form 4	24 (REV, 4.92)	Prescribed by OMB Circular A-10

DEDITY CITY ATTORNEY

APPLICATION	V FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL AS			6/29/2004		N/	A
TYPE OF SUBMISS Application		oplication	3. DATE RECEIVED BY	Y STATE	State Applicant Identifier	A
Construction	□ c	onstruction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction ■ Non-Construct	n 🛛 N	on-Construction			1	N/A
5, APPLICANT INFOR	RMATION					
Legal Name: Long Be	each Police Depa	iriment		Organizational Unit:	Support Bureau	
Organizational DUNS:	07-529-5832	2		Division: Infor	mation Technology Division	ori
Address (give city, coul	ınty, state, and zip	∞de):		Name and telephone application (give are	e number of person to be contacted	on matters involving this
100 Long Bo	each Blvd.			1	Carter	
Long Beach	, CA 90802					
USA				Phone: 562.5	570.7778	
6. EMPLOYER IDENT		BER (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate letter)	in box) C
	956000733			A. State	H. Independent School	
8. TYPE OF APPLICA	TION:			B. County C. Municipal	 I. State Controlled Ins J. Private University 	thution of Higher Learning
and the same of th				D. Township	K. Indian Tribe	
	⊠ New	☐ Continuation	☐ Revision	E. Interstate F. Intermunicip	L. Individual al M. Profit Organization	
If Revision, enter appro	priate letter(s) in t	box(es);		G. Special Dist		
A Increase Award	B. Decre	ease Award C.	Increase Duration	and the second s		
D. Decrease Duratio	on Other (s	pecify):		9. NAME OF FEDE		
				0.69	Department of Justice of Community Oriented Po	· ·
	DEMAIL MASSES	IC ASSISTANCE I	NUMBER:	11 DESCRIPTIVE	TITLE OF APPLICANT'S PROJE	7.77
10. CATALOG OF FED	DERAL DOMES	TO ADDIG TARGET	1	TI. DESGINI IIVE	THE OF MITEURITY OF THOSE	
10. CATALOG OF FEE	DERAL DOMES!	1 6	7 1 0		Upgrade Project	property and a second s
10. CATALOG OF FELT TITLE: 2004 Techn		1 6				property and a second s
TITLE: 2004 Techr	nology Initiative	1 6	7 1 0			property and a second s
TITLE: 2004 Techr	nology Initiative	1 6	7 1 0			JUN 2 9 200
TITLE: 2004 Techn 12. AREAS AFFECTED B City	nology Initiative BY PROJECT (c/i/es	1 6	7 1 0	Tiburon 7.5		JUN 2 9 200
TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO	nology Initiative BY PROJECT (c/i/es	1 6 c states, e	7 1 0	Tiburon 7.5	Upgrade Project	JUN 2 9 200
TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO	nology Initiative ay PROJECT (chias JECT:	1 6 c states, e	7 1 0	Tiburon 7.5 b. Project al Districts of Cal	Upgrade Project	JUN 2 9 200
TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO- Start Date 1/23/2004	nology Initiative BY PROJECT (chies JECT: Ending Date 1/22/2005	1 6 c states, e	7 1 0	Tiburon 7.5 b. Project all Districts of Cal	Upgrade Project lifornia	JUN 2 9 200
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TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO. Start Date 1/23/2004 15. ESTIMATED FUNC	nology Initiative BY PROJECT (chies) JECT: Inding Date 1/22/2005	1 6 c states, e	7 1 0 signal districts of 46th Congression	Tiburon 7.5 b. Project all Districts of Cal 16. IS APPLIC ORDER 1 a. YES. Ti	Upgrade Project lifornia cation subject to review e 2372 PROCESS? HIS PREAPPLICATION/APPLICA	JUN 2 9 200. STATE CLEARING HO Y STATE EXECUTIVE
TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO. Start Date 1/23/2004 15. ESTIMATED FUNC	nology Initiative BY PROJECT (chies) JECT: Inding Date 1/22/2005	1 6 c states, e	7 1 0 signal districts of 46th Congression	Tiburon 7.5 b. Project al Districts of Cal 16. IS APPLK ORDER 1 a. YES. Ti	Upgrade Project lifornia CATION SUBJECT TO REVIEW E 2372 PROCESS?	JUN 2 9 200. STATE CLEARING HO Y STATE EXECUTIVE
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TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO. Start Date	nology Initiative BY PROJECT (chies) JECT: Inding Date 1/22/2005 DING;	1 6 c states, e	7 1 0 signal districts of 2 46th Congression 98,948.00	Tiburon 7.5 b. Project al Districts of Cal ORDER 1 a. YES. Ti O	Upgrade Project lifornia cation subject to review e 2372 process? HIS PREAPPLICATION/APPLICA VAILABLE TO THESTATE EXECT ROCESS FOR REVIEW ON- PATE June 29, 2004	JUN 2 9 200. STATE CLEARING HO Y STATE EXECUTIVE TION WAS MADE JTIVE ORDER 12372
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TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO. Start Date 1/23/2004 15. ESTIMATED FUND a. Federal b. Applicant c. State d. Local e. Cither I. Program Income g. TOTAL 18. TO THE BEST OF MY BY THE GOVERNING BOI a. Typed Name of Auth	nology Initiative BY PROJECT (chiese STATE OF THE STATE OF THE APPLICATION OF THE APPLICA	1 6 countles, states, e 14. CONGRES. a. Applicant 37th, 39th 6	7 1 0 TC.): SIONAL DISTRICTS OF 2 46th Congression 98,948.00	Tiburon 7.5 b. Project al Districts of Cal 16. IS APPLICA ORDER 1 a. YES. TI A D b. NO. [17. IS THE A TH THE ATTACHED ASS	Upgrade Project Lifornia CATION SUBJECT TO REVIEW E 2372 PROCESS? HIS PREAPPLICATION/APPLICA* VAILABLE TO THESTATE EXECT ROCESS FOR REVIEW ON- PATE June 29, 2004 PROGRAM IS NOT COVERE OR PROGRAM HAS NOT BE FOR REVIEW PPLICANT DELINQUENT ON AN If "Yes," attach an explanation	JUN 2 9 200. STATE CLEARING HO Y STATE EXECUTIVE TION WAS MADE JTIVE ORDER 12372 EN SELECTED BY STATE Y FEDERAL DEBT? No T HAS BEEN DULY AUTHORIZED
TITLE: 2004 Techn 12. AREAS AFFECTED B City 13. PROPOSED PRO. Start Date 1/23/2004 15. ESTIMATED FUNC 16. Federal 17. State 18. Applicant 19. Other 19. TOTAL 18. TO THE BEST OF MY 18. TO THE BEST OF	nology Initiative BY PROJECT (chiese SY PROJECT) Inding Date 1/22/2005 DING: S S S S S S Y KNOWLEDGE AND DOY OF THE APPLICA horized Represent Miller	1 6 s, countles, states, e 14. CONGRES. a. Applicant 37th, 39th &	7 1 0 TC.): SIONAL DISTRICTS OF 2 46th Congression 98,948.00	Tiburon 7.5 b. Project all Districts of Cal 16. IS APPLICATION ARE THE THE ATTACHED ASS y Manager	Upgrade Project Lifornia CATION SUBJECT TO REVIEW E 2372 PROCESS? HIS PREAPPLICATION/APPLICA* VAILABLE TO THESTATE EXECT ROCESS FOR REVIEW ON- PATE June 29, 2004 PROGRAM IS NOT COVERE OR PROGRAM HAS NOT BE FOR REVIEW PPLICANT DELINQUENT ON AN If "Yes," attach an explanation	JUN 2 9 200 STATE CLEARING HO Y STATE EXECUTIVE TION WAS MADE JTIVE ORDER 12372 EN SELECTED BY STATE THAS BEEN DULY AUTHORIZED ANDED. C. Telephone number 562.570.7150 e. Date Signed

						OMB Approval No. 0348-0043
APPLICATION FEDERAL AS			2. DATE SUBMITTED		Applicant Identifier	N/A
			A DATE BEGG!! (ED E)	07177	Cinta Annilland Identificati	
TYPE OF SUBMISS Application	l l	plication	3. DATE RECEIVED BY	SIAIE	State Applicant Identifier	N/A
☐ Construction	□ c∘	instruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Constructio Non-Construction N	on 🗵 No	n-Construction				N/A
5. APPLICANT INFOR	MATION D	UNS # 60	-231-024	5		
Legal Name: Californ	nia Highway Patr	-ol		Organizational Unit:	Information Management	Division
Address (give city, cou	ınty, state, and zip	code).			number of person to be contact	ed on matters involving this
2555 First A	Avenue			application (give are	Chief Max Santiago	
Sacramento	, CA 95818			11,000,000,000	·	
	.,			Phone: 916-657	-7171	
6. EMPLOYER IDENT	TIFICATION NUME	BER (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate lette	er in box) A
	942257827			A. State	H. Independent School	ol Dist.
				B. County		Institution of Higher Learning
8. TYPE OF APPLICA	ATION:			C. Municipal	J. Private UniversityK. Indian Tribe	,
	⊠ New	☐ Continuation	☐ Revision	D. Township E. Interstate	L. Individual	
				F. Intermunicipa		n :
If Revision, enter appro		`		G. Special Distr	ict N. Other (Specify)	
A. Increase Award			ncrease Duration	9. NAME OF FEDE	DALACENCY:	
D. Decrease Duration	on Other (sp	oecity):		S. NAME OF FEDE	Department of Jus	tice
				Office	e of Community Oriented 1	
10. CATALOG OF FE	DERAL DOMESTI	C ASSISTANCE N	UMBER:		TITLE OF APPLICANT'S PROJ	The same of the sa
		1 6	7 1 0	Consolidate	d Patrol Vehicle Environme	MARINED EIVED
TITLE: 2004 Tech	l Inclosy Initiative			Consolidate	a ratio, variote Environmen	
12. AREAS AFFECTED I			i.);		·	JUN 2 9 2004
California - statewide						1
		44 00000000	IONAL DISTRICTS OF			CTATE ALPINALIAL
13. PROPOSED PRO		a. Applicant	IUNAL DISTRICTS OF	b. Project		STATE CLEARING HOU
Start Date E	Ending Date	Но	ward Berman	D. Troject	2004 Taskuslamı	T:4:-4:
1/23/2004	1/22/2005	28 th	Congressional		2004 Technology	Initiative
15. ESTIMATED FUN	IDING:	<u> </u>		16. IS APPLIC	ATION SUBJECT TO REVIEW	BY STATE EXECUTIVE
a. Federal			197,895 .00	ORDER 13	2372 PROCESS?	
	. \$		137,000 .00		IIS PREAPPLICATION/APPLIC	ATION WAS MADE
b. Applicant	\$.00.		VAILABLE TO THE STATE EXE	ECUTIVE ORDER 12372
					ROCESS FOR REVIEW ON:	
c. State	8		.00		ATE June 29, 2004	
d. Local	\$.00			
	•		.00	b. NO. [PROGRAM IS NOT COVER	RED BY E.O. 12372
e. Other	8		.00.			BEEN SELECTED BY STATE
				· .	FOR REVIEW	
f. Program Income	\$.00		DOLLO A ALT DEL INOLICATO CAL	NVFEDERAL DERTS
n TOTAL			4.2.05	П Усе	PPLICANT DELINQUENT ON A If "Yes," attach an explanation	F
g. TOTAL	\$ -		197,895 .00)		
18. TO THE BEST OF M	Y KNOW LEDGE AND	D BELIEF, ALL DATA	IN THIS APPLICATION/PE	REAPPLICATION ARE TR	UE AND CORRECT. THE DOCUM JRANCES IF THE ASSISTANCE IS	ENT HAS BEEN DULY AUTHORIZED AWARDED.
a. Typed Name of Aut	/	\ \ \ \	b. Title			c. Telephone number
- Afrancia or Mar	D. O. Helmi	a / / 1	//	Comn	nissioner	916-657-7152
d. Signature of Author	ed Representativ	#///	1/			e. Date Signed
/	V. K	10 Vm				06-29-04

FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION Application Preapplication ☐ Construction ☐ Construction ☐ Non-Construction ☐ Non-C
Construction Non-Construction Non-Constructio
Non-Construction Non-Construction N/A
5. APPLICANT INFORMATION Legal Name: Los Angeles County Sheriff's Department Organizational DUNS: 028950678 Oganizational DUNS: 028950678 Oganizational DUNS: 028950678
Legal Name: Los Angeles County Sheriff's Department Organizational Unit: Sheriff's Department Organizational DUNS: 028950678 Organizational DUNS: 028950678
Organizational DUNS: 028950678 Division:
OZOGO TO THE STATE OF THE STATE
Address (give city, county, state, and zip code): Name and telephone number of person to be contacted on matter with matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person to be contacted on matter and telephone number of person
application (give area code)
karen J. Anderson, Manager
Monterey Park, CA 91754 Phone: 323-526-5408
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box)
956000927 A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University
8. TYPE OF APPLICATION: C. Municipal D. Township K. Indian Tribe
☑ New ☐ Continuation ☐ Revision E. Interstate L. Individual
F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)
If Revision, enter appropriate letter(s) in box(es):
A. Illustrate Average Charles (Specific): 9. NAME OF FEDERAL AGENCY:
Department of Justice
Office of Community Oriented Policing Services
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
December Operations Purcous
COPS 2004 Technology Program
TITLE: 2004 Technology Initiative
TITLE: 2004 Technology Initiative 12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.): Los Angeles County 14. CONCRESSIONAL DISTRICTS OF:
Los Angeles County 13 PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: JUN 2 9 2004
13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTO ST.
1/23/2004 1/22/2005 24-37; 41 STATE CLEARING HG
16. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 989477.00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THESTATE EXECUTIVE ORDER 12372
b. Applicant \$ 0.00 PROCESS FOR REVIEW ON:
c. State \$ 0.00 DATE 6-29-04
d. Local \$ 0.00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372
e. Other \$ O.00 OR PROGRAM HAS NOT BEEN SELECTED BY STA
f. Program Income \$ 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 989,477
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHOR BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLET WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ACCURATE AND THE APPLICANT AND T
a. Typed Name of Authorized Representative Sheriff 323-526-50
d. Signature of Authorized Representative
Control from 424 (PS)/ 4.92) Prescribed by OMB Circu

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information			
1. Name and Address			Organizational Unit
Legal Name: Los Angeles Ur	rified School	District	Normandie Ave Elementar
Address: 333 S. Beaudry J			Los Angeles Unified
	GEIVE		on Titled
			41 44 14
Los Angeles		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	JUN 2 8 2004	State Count	ngeles 90017. ZIP Code + 4
2. Applicant's D-U-N-S Number 1 0 0			
		6. Novice Applica	antYes <u>X</u> No
3. Applicant's T-I-N 19 15 1-14 6 16		7. Is the applican	t delinquent on any Federal debt?Yes _x_No
4. Catalog of Federal Domestic Assistance #: 8	1. <u>1 8 4 B</u>	(// "Yı	es," attrich an explanation.)
Title: Mentoring Program		9 Type of Amulia	
		a. Type of Applica	and (Enter appropriate letter in the box.)
C. D. 1		A - State	F - Independent School District
6. Project Director: Ruby-Ann Rud	nick	B - Local C - Special I	G - Public College or University
Address: 4505 S. Raymond	Ave	University	Profit College of
LOS Angeles Co	00007	D - Indiari Ti E - Individua	
Los Angeles Ca City State Tel. #: (323 294 5171 Fax #: (3			
		K - Other (S	9 @///fj/);
E-Mail Address: rgr4850@lausd	kl2.ca.us		
Application Information			
9. Type of Submission: -PreApplication -Application		12. Are any resea	rch activities involving human subjects planned at
Construction Construction	n .	GILLA CHILLE CHILLI	HU UIII DIODOSAN DINIACI DARIAGO
Non-Construction Non-Constr	uction	Yes (Go	to 12a.) No (Go to item 13.)
10. Is application subject to review by Executive	Order 12372 pmcess2	12a. Are all	the research activities proposed designated to be
\GS \Date illade available to the Execu	tiva Ordar 19979	exemp	t from the regulations? vide Exemption(s) #):
process for neview): 6 1281			
No (If "No," check appropriate box beld	>w.)		ide Assurance #):
Program is not covered by Program has not been sele	E.O. 12372. cted by State for raylew	1:1. Descriptive Titi	e of Applicant's Project:
1. Proposed Project Dates: 10/1/2004		Los Angel	es Unified School Dist.
Start Date:	End Date:	_ Projec	
stimated Funding	Authorizad Pa		L J.DAN
	Authorized Representati	ive int⊮rmation ⊮wledg⇔and belief. all d:	nth in this preapplication/application are true
4a. Federal \$ 149,058.00	and correct. The doc	ument has been duly at	ithurized by the governing body of the applicant
. Applicant \$ 00	and the applicant will	∞mply with the attach.	ad assurances if the assistance is awarded.
. State \$ 00	a. Authorized Representat	ive (Plasse type or prin	harms clearly)
. Local \$ 00	Roy Romer		
Other \$00	b. Title: Superint	encent	
Program Income \$00	c. Tel. #: (213)241	-7.0.00 Fax	#:(21 3 <u>241 - 8442</u>
-	d. E-Mail Address:		213 241 - 6447
TOTAL \$ 149,058.00	e. Signature of Authorize	d Representative	
~			Date: / /

FROM : Redlands Police

APPLICATION FOR

1: Redlands P	olice		FAX NO. : 909	7987538	Jun. 29 2004	
APPLICATIO	ON FOR		2. DATE SUBMITTED		Applic identifier	OMB Approval No. 0348-004
FEDERAL A	SSISTANCE		06-28-04		1 ''	ī/A
TYPE OF SUBMI Application		pplication	3. DATE RECEIVED BY	STATE	State Applicant Identifier	//A
☐ Construction		onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construct	tion 🖂 N	on-Construction			1 2001a) Identiner	N/A
5. APPLICANT INFO						
Legal Name: Redla	nds, City of			Organizational Unit:		
Organizational DUNS	1455567	47		Division:		
Address (give city, co		code).			number of parson to be contacted	
212 Brook	CA 92373	E G E	2 8 2004	application (give are	a code) F. Hyman, Deputy	~
6. EMPLOYER IDEN	TIFICATION NUM			7. TYPE OF APPLIC	CANT: (enter appropriate letter	In box)
	956000766		A p also 3 APV.	A. State	H. Independent School	
a Difference and the	(0.1	TATE (15	NOMIC HOUS	B. County	State Controlled In:	stitution of Higher Learning
8. TYPE OF APPLIC	ATION:		the former of a common or proper to the property of the common of the co	C. Municipal D. Township	J. Private University K. Indian Tribe	
	New	☐ Continuation	☐ Revision	€. Interstate	L. Individual	
If Povinian catala	والمراجع المساورة	(-).		F. Intermunicipa		
If Revision, enter app A. Increase Award			ncrease Duration	G. Special Distri	ct N. Other (Specify)	
D. Decrease Durat			ncrease Ouralion	9. NAME OF FEDER	RAL AGENCY:	
					Department of Justi	ce
		•		Office	of Community Oriented Po	licing Services
10. CATALOG OF FI	EDERAL DOMEST	IC ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJE	CT:
		1 6	7 1 0		f Redlands - Poli formation Managem	
	hnology Initiative			1110	TOTMACTOR Hanagen	ene system
12. AREAS AFFECTED		, counties, states, etc	.) .			
City Of Re						<u> </u>
13. PROPOSED PRO			IONAL DISTRICTS OF:		Lewis 41	
Start Date	Ending Date	a. Applicant		b, Project		
1/23/2004	1/22/2005	Jerry Le	wis	Jerry	Lewis	
15. ESTIMATED FUN	NDING:			16 IS APPLICA	ATION SUBJECT TO REVIEW B	Y STATE EXECUTAGE
a. Federal	s		742108.00		72 PROCESS?	TO IMIC EXECUTIVE
	"		772100,00	a. YES. THI	S PREAPPLICATION/APPLICAT	ΠΟΝ WAS MADE
b. Applicant	\$	<u> </u>	.00.	AV.	AILABLE TO THESTATE EXECU OCESS FOR REVIEW ON:	
c. State	5		.00		TE	
d. Local	s		.00.	DA	<u> </u>	
e. Other	\$.00,	b. NO. □	PROGRAM IS NOT COVEREI OR PROGRAM HAS NOT BEI	
					FOR REVIEW	
f. Program Income	\$.00			
g. TOTAL	5		742,108.00	17. IS THE APP	PLICANT DELINQUENT ON ANY If "Yes," attach an explanation.	
18. TO THE BEST OF MY BY THE GOVERNING BO	Y KNOWLEDGE AND DDY OF THE APPLICA	BELIEF, ALL DATA IN INT AND THE APPLIC	THIS APPLICATION/PRÉ	APPLICATION ARE TRUE THE ATTACHED ASSUR	E AND CORRECT. THE DOCUMENT ANCES IF THE ASSISTANCE IS AW.	HAS BEEN DULY AUTHORIZED ARDED.
a. Typed Name of Au James R. B	horized Representa		b. Title	f Of Police		c. Telephone number (909) 798-7661
d. Signature of Author	ized Representative					e. Date Signori
ande	Sucen	4			•	6.28-04
revious Editions Usable		Authorized for Local F	ien <i>r</i> oduction	Standard Form 424 (REV 4-92\	Prevailed by OME Croules 2 10

APPLICATION FOR						Version 7/0
FEDERAL ASSISTANCE 2. DATE SUBMITTED July 07, 2004					Applicant Ider	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE REC		STATE	State Applicat	ion Identifier
☑ Construction	Construction		EIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	│					
Legal Name:				Organizational l	Jnit:	
Eden Housing, Inc.					Profit Public Benefit	Corporation
Organizational DUNS: 058211947	JECEI'	<u>VED</u>		Division:		
Address: Street:	TILL -		 		none number of pe oplication (give are	rson to be contacted on matters a code)
409 Jackson Street	JUN 2	8 2004		Prefix:	First Name: Katrina	<u>u couo,</u>
City: Hayward	1			Middle Name Kuizenga		
County: Alameda	STATE CLEAR	AING HOUSE		Last Name Bergen		
State: CA	Zip Code 94544		-	Suffix:	. 4	
Country: United States				Email: kbergen@eden	housing org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number (g		Fax Number (give area code)
23-1716750	7			(510) 247-8138		(510) 582-6523
B. TYPE OF APPLICATION:				7 TYPE OF APP	LICANT: (See bac	c of form for Application Types)
Nevision, enter appropriate let See back of form for description Other (specify)	ter(s) in box(es)	on 🤚 Revi	sion		DERAL AGENCY:	lan Davidania
(A. CATALOG OF FEDERAL	DOMESTIC ACCIOTAN	OF NUMBER.			nt of Housing and Ur	Dan Development CANT'S PROJECT:
IO. CATALOG OF FEDERAL I FITLE (Name of Program): Section 811 IZ. AREAS AFFECTED BY PR Santa Clara County		1 4-1	8 1		sing for Persons wit	
13. PROPOSED PROJECT				14. CONGRESSI	ONAL DISTRICTS	OF:
Start Date:	Ending Date:			a. Applicant		b. Project
11/2004 15. ESTIMATED FUNDING:	11/2044		1	#13 16. IS APPLICAT	TION SUBJECT TO	#16 REVIEW BY STATE EXECUTIVE
a. Federal \$		1,924,732	00		PREAPPLICATION	/APPLICATION WAS MADE
o. Applicant \$		10,000	00		CESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State \$			00	DATE	: •	
d. Local \$		2,275,000	00	b. No. T PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		•	00	FOR	REVIEW	T BEEN SELECTED BY STATE
. Program Income \$		•	00	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		4,209,732	00	1	ttach an explanation	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIE	F, ALL DATA IN	THIS APP	LICATION/PREAF	PLICATION ARE T	RUE AND CORRECT. THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCE	JES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representa	ative	
Prefix Ms.	First Name Linda	Middle Name Marie
Last Name Mandolini	3	Suffix
b. Title Executive Director		c. Telephone Number (give area code) (510) 582 - 1460
d. Signature of Authorize	Representative	e. Date Signed 6/25/04
<u> </u>	7 7 7 Page 2 1	h

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Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit			
1. Name and Address Legal Name: <u>Fresno Unified School D</u>	strict		Local Education Agency	
	<u></u>			
Address: 2309 Tulare Street				
Fresno		<u>CA</u> <u>Fresno</u>		
City		State Count	,	
2. Applicant's D-U-N-S Number 0 7 7	3 7 7 8 3 6	6. Novice Applic	cantYes _X_No	
3. Applicant's T-I-N 9 4 - 6 0 0	2 2 0 6	7. Is the applican	at delinquent on any Federal debt?Yes _X_No	
4. Catalog of Federal Domestic Assistance #:	84. <u> 1 8 4 4</u>	\$***** * **		
Title: Mentoring Programs		8. Type of Appli	cant (Enter appropriate letter in the box.) $ \underline{F} $	
5. Project Director: Linda Furnas				
Address: 1833 "E" Street		MECEN JUN 2	NED /	
Fresno <u>CA</u>	93706	MEG	o 21104 \	
City State	Zip code + 4 0) 457-3179	JUN 2	8 201	
E-Mail Address: ljfurna@fresno.k12.ca.u		JUN 2	ARING HOUSE	
Application Information		STATECLE		
9. Type of Submission:		12. Are any research	arch activities involving human subjects planned at ring the proposed project period?	
-PreApplication -Application Construction Constructi	on	any time du Yes (G	o to 12a.) X No (Go to item 13.)	
Non-Construction X Non-Cons	truction			
	iva Order 12272 process?	over	II the research activities proposed designated to be upt from the regulations?	
10. Is application subject to review by Execut X Yes (Date made available to the Exec	utive Order 12372	Yes (Pr	rovide Exemption(s) #):	
process for review): 7 / 7 /	04			
-X-No (If "No," check appropriate box b	elow.)	No (Pro	ovide Assurance #, if available):	
Program is not covered by	E.O. 12372.	13. Descriptive	Title of Applicant's Project:	
-x-Program has not been sele		Mentoring Prog	grams	
11. Proposed Project Dates: 10 / 1/05 / Start Date:	2/_ <u>1/08</u>	Hoover Pyra	amid Mentoring Program 4th-8th grade	
Estimated Funding	Authorized Repre	sentative Informa	tion	
25	15. To the best of my l	knowledge and belief, a	Il data in this preapplication/application are true	
14a. Federal \$ 200,000 .00			authorized by the governing body of the applicant	
b. Applicant \$00	and the applicant	will comply with the att	ached assurances if the assistance is awarded.	
c. State \$00	a. Authorized Represer	ntative (<i>Please type or p</i>	orint name clearly.)	
d. Local \$ 00	Santiago V. Wood	, Ed.D.		
e. Other \$ 00	b. Title: Superintend			
f. Program Income \$00	c. Tel. #: (559)	457 - 3882	Fax #: (559) <u>457 - 3786</u>	
	d. E-Mail Address:	svwood@fresno.k12.ca	Lus	
g. TOTAL \$ 200,000 .00	e. Signature of Author	rized-Representative	XII	
	JAN .		Date: 6/24/04	
	77	1///		

APPLICATION FOR	_		·		Version 7/0	
FEDERAL ASSISTANCE	E	2. DATE SUBMIT 5/5/2004	TED	Applicant Ide	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applica	tion Identifier	
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENC	/ Federal Iden	ifior	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATIO Legal Name:	N					
City of Napa			Organizational Ur Department:	sit;		
Organizational DUNS:			Community Resou	rces Department		
07-015-83-99	The same of the sa	II / PER PER	Division:			
Address: Street:	HILLE	VED	Name and telopho	ne number of p	erson to be contacted on matters	
1	1)		involving this app Prefix:	First Name:	ea code)	
1100 West Street	JUN 2	8 2004	Ms.	Amy		
Napa	ĭ	1	Middle Name			
County: Napa	STATE CLEARIN	NGUOUS	Last Name Williams		10-	
State; CA	TEID COMO	AG HOUSE	Suffix:			
Country:	94559		Email:			
Napa	211111111111111111111111111111111111111		awilliams@cityofna			
6. EMPLOYER IDENTIFICATION	, ,		Phone Numbor (glv	area code)	Fax Number (give area code)	
94-6000380			707-257-9682		707-257-9532	
8. TYPE OF APPLICATION:	plan.		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate los	ter(s) in hov(oc)	n 🖺 Revision	c			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDE	DAL AGENION		
			U.S. Department of	RAL AGENCY: Housing and Urb	an Development	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:	
Trouble to the second		14-218	HUD CDBG funds	are used to fund r	non-profit agencies to provide	
TITLE (Name of Program); Community Dovelopment Block	Grant		rosidents, Funds a	shelter, counseling and housing for the hameless and/or low income residents. Funds are also used to improve the sidewalks and to ensure compliance with ADA laws. Projects also include fair housing, housing rehab, lead based paint hazard reductions, and public facility improvements.		
12. AREAS AFFECTED BY PR	DJECT (Cities, Counties	, Slates, etc.):	compliance with AD			
City of Napa			Improvements.			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date: 7/1/2004	Ending Date: 6/30/2005		a. Applicant		b. Project	
15. ESTIMATED FUNDING:	0/00/2003		District #1	N SUBJECT TO	District #1 REVIEW BY STATE EXECUTIVE	
a, Fedoral \$		717	ORDER 12372 PRO	CES\$?		
		834,000	a. Yes. THIS PI	REAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$, , , , ,	PROCE	SS FOR REVIEW	V ON	
c. Stale \$,00	DATE;			
d. Local \$		OU		414 IC NOT 60V		
011					ERED BY E. O. 12372	
		185,000	OR PRO	GRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$		170,000	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		— no				
18. TO THE BEST OF MY KNO	IMI EDGE AND BELLET	1.189,000	Yos If "Yes" altao	h an explanation	. <u>P</u> No	
ATTACHED ASSURANCES IF T			OF THE APPLICANT AND	THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Mr.	First Name	11	N= I=			
	First Name Ed		Middl	c Name		
Last Name Henderson			Suffix			
b. Title Mayor	(P ₁)		c. Tel	aphone Number (give area code)	
d. Signatum of Authorizon Repte	sontative O1 COL		707-2	257-9501 le Signed	- '	
- TOCK XVIO.	June	1. 2004				

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	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information 1. Name and Address STATE STATE	CLEARING HOUSE
City 2 Applicant's D-U-N-S Number 8 4 7 1 6 4 6 5 9 3. Applicant's T-HN 9 4 - 1 1 5 6 6 3 6 4. Catalog of Federal Domestic Assistance 8: 84 1 8 4 B Title: Mentoring frograms 6. Project Director: DAUID STARK Address: 2400 BANCROFT WAY BERKELEY CA 74204 1699 City State Zip code + 4 Tel. #: (770) 841 - 6010 Fex #: (7/0) 841 - 0/32	State County ZIP Code + 4 6. Novice Applicant YesNo 7. Is the applicant definquent on any Federal debt?YesNo (If "Yes," attach an explanation.) 6. Type of Applicant (Enter appropriate letter in the box.) A - State
Application information 9. Type of Submission: - Pre-Application - Construction - Construction - Non-Construction 10. Is application subject to review by Executive Order 12372 process? - Yes (Data made available to the Executive Order 12372 process for review): - No (If "No," check appropriate box below.) - Program is not covered by E.O. 12372. - Program has not been selected by State for review.	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: College Mentons for Kids
Start Date: End Date: Estimated Funding Authorized Representation 15. To the best of my lond	owledge and belief, all data in this preapplication/application are true
b. Applicant \$ 180 .00 and the applicant will c. State \$ 20 .00 a. Authorized Representated Local \$ 30 .00 b. Title: GENERAL 6. Program Income \$.00 c. Tel. \$ (570) \$41	J
g. TOTAL 1	Cate: 6/14/04

SISTANCE	SSA	JAS	130	134
70 4	NOI	IAD	ITd	IdA

Standard Form 424 (Rev. 7-97)				Previous Edition Usable
e. Date Signed 本の/ ここ/る				a Signature of Authorities de Repre-
c. Telephone Number (559) 386-5866	erson	D. Title Chairp	resentative Vare	a. Type Name of Authorized Rep V Sd19IA
10N ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		NERNING BODY OF THI	AUTHORIZED BY THE GO	1
ettach an explanation.	.",eeV"	_∞ 000'009	g'9 s	JATOT .g
STEELINGUENT ON ANY FEDERAL DEBT?	17. IS THE APPLICA!			
IEW	FOR REV	00	\$	f. Program Income
AM IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED BY STATE		oó	\$	e. Other
ine 25, 2004	JC_∃TAG	ϫ	\$	d. Local
FOR REVIEW ON:		<u> </u>	\$	c. State
STEST REGUTIVE ORDER 12372		, , , , , , , , , , , , , , , , , , ,	\$	p. Applicant
PPLICATION/APPLICATION WAS MADE	ABRY BIHT (23Y .S)	_∞ · 000'009	a'9 s	a. Federal
OCE283	AR STEST REGION			
SUBJECT TO REVIEW BY STATE EXECUTIVE				15. ESTIMATED FUNDING:
	b. Project District #20		a. Applicant District #20	Start Date Ending Date Oct. 2006
	oley	STRICTS OF: Cal DC	14. CONGRESSIONAL DI	13. PROPOSED PROJECT
	Facility		אווומ	Methernan Orly, Dain
se 2- Proposed Commercial Tank		:(,c)ie ,eeli		12. AREAS AFFECTED BY PRO Kettleman City, Califo
osed Surface Water Treatment	Phase 1- Prop	oan & Grant	Waste Disposal L	Dns 191sWater and
TLE OF APPLICANTS PROJECT: V Community Services District -		092-01]	
TLE OF APPLICANTS PROJECT:	TIT DESCRIPTIVE TIT	JMBER	MESTIC ASSISTANCE NI	10. CATALOG OF FEDERAL DO
b Department of Agriculture I Development	Setsta States (AOSU)			· · · · · · · · · · · · · · · · · · ·
	9. NAME OF FEDERA			
(funda) man :	where moreon in	HOURTON	becity):	
M. Profit Organization M. Other (Specify)	F. Intermunicipal G. Special District	notenia 4	ease Award C. Increase	A. Increase Award B. Deci
L. İndividual	E. Interstate		st(s) in box(es)	If Revision, enter appropriate lette
K. Indian Tribe	O. Township	noisiveЯ	nobsuntino	WON X
State Controlled Institution of Higher Learning Private University	= B. County □ C. Municipal	S OF EARING HOUS	TATE	
H. Independent School Dist.	estate .A	Sliditame		8. TYPE OF APPLICATION:
MT: (enter appropriate letter in box)		1002 8 2 NOI	1 8 2 NOW REFER (EIV):	6. EMPLOYER IDENTIFICATION 9 4 4 - 2 3 8 3
7529-583 (668)	TOTAGE V 20 BOX E	7000 0 0 1	\	
Summers Engineering, Inc.		CEINED	771 0000	Kettleman City, CA 9
number of person to be contacted on matters involving	Mame and telephone n this application (give a	OCINED		Address (give city, county, State, . J 10 General Petrolet
	Organizational Unit:	s District	ommunity Service	Legal Mame: Kettleman City C
				S. APPLICANT INFORMATION
			Mon-Construction	noltourtenoO-noN
Federal Identifier	LEDEBAL AGENCY	4. DATE RECEIVED BY	Prespplication X Construction	Application Construction
State Application Identifier	BTAT8	3. DATE RECEIVED BY		I. TYPE OF SUBMISSION:
Applicant Identifier		2. DATE SUBMITTED A 2004	CE	NATSISSA JARJOJI
	·		4	

EXHIBIT 8(a)

APPLICATION FOR		O DATE OUDINETED		TA - # 4 1 1 - 4	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/25/04		Applicant Ident	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			L		
Legal Name:			Organizational Unit:			
The East Los Angeles Commun	ity Union (TELACU)		Department:			
Organizational DUNS: 01-072-0597			Division:			
Address:					son to be contacted on matters	
Street: 5400 E. Olympic Blvd., Suite 30	· MHECE	EIVED	involving this applic Prefix:	First Name:	(code)	
City: Los Angeles	JUN	2 8 2004	Middle Name Florencio			
County: Los Angeles		_ 1	Last Name Provencio			
State: CA	Zip COLATE CLEA	RING HOUSE	Suffix:			
Country: USA		Name of the last o	Email: TomPTCM@aol.com	n		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)	
95-2554256]		(323) 721-1655		(323) 721-3560	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)	
		n 🔲 Revision	O. (No	t for profit organiz	zation)	
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)		Ш.	9. NAME OF FEDER U.S. Department of I		Development	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	TITLE OF APPLIC	CANT'S PROJECT:	
		14-157				
TITLE (Name of Program):	Section 202 Program		Supportive Housing for the Elderly			
12. AREAS AFFECTED BY PR		s, States, etc.):	1			
City of Pomona, County of L.A.						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
Start Date: 09/30/04	Ending Date: 09/30/05		a. Applicant 34th		b. Project 38th	
15. ESTIMATED FUNDING:	00/00/00		16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ORDER 12372 PRO	CESS? REAPPLICATION	I/APPLICATION WAS MADE	
d. 1 odordi		9,300,000				
b. Applicant \$				SS FOR REVIEV	VOIV	
c. State \$		•	DATE:			
d. Local \$		25,000	b. No. 🗖 PROGR	AM IS NOT COV	'ERED BY E. O. 12372	
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		9,325,000	☐ Yes If "Yes" attac	ch an explanatior	ı. 🔽 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AN	ICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	יייאתטבט.				
Prefix	First Name Tom		Middl Flor	le Name encio		
Last Name Provencio			Suffix			
b. Title	n.1			lephone Number	(give area code)	
Authorized Agent d. Signature of Authorized Repr	esentative /	+1)=) 721-1655 ite Signed	and the second s	
	- 1 - 1/1/1//	1		6/25/04	1	

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	6/29/20	004	Applicant Iden	tifier ·
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY			State Applicat	on Identifier
Application	Pre-application			FNOV	E. J. and Marshift	
Construction	☐ Construction	4 DATE RECEIVED BY	FEDERAL AG	SENCT	Federal Identif	iei
Non-Construction	Non-Construction			<u> </u>		
5. APPLICANT INFORMATION		·	Organization	nal Unit		·
Legal Name:			Department			
Phoenix Houses	of Los Ange	les, Inc.				
Organizational DUNS:	240481		Division:			
Address:		O E U W C	Name and te	elaphone i	number of per	son to be contacted on matters
Street;	IIni <u>5</u>	<u>66006</u>	Involving the		tion (give are: First Name:	a code)
11600 Eldridge	Avenue		Ms			Sharon
City: Lake View Te:	De constitution de la constituti	IUN 2 8 2004	Middle Name	E.		
Comby	hand board	JUN 2 8 2004	Last Name		-Cushni	r
Los Angele	Zin Code		Suffix:	SPILG	Cusima	
CA	91342		ICE L			
Country: USA	S. I for loss	MULLINIAN LIA	Email:	ira@ph	oenixhou	se.org
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Numb			Fax Number (give area code)
23-7084897			(818)	686-3	רוו	(818) 896-3701
8. TYPE OF APPLICATION:			7. TYPE OF	APPLICAL	NT: (See back	of form for Application Types)
New	Continuation	∏ Revision				
if Revision, enter appropriate lette	er(s) in box(es)	L Ketson		Not f	or Proj	fit Organization
(See back of form for description	of letters.)		Other (specify	/) '		_
Other (specify)	Ļ	L!	9, NAME OF	FEDERA	AGENCY:	
			US De	partm	ent of	Justice
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIF	PTIVE TITI	LE OF APPLIC	CANT'S PROJECT:
		19-710	Adole	scent	Methar	mphetamine
TITLE (Name of Program):			Treat	ment		
COPS 12. AREAS AFFECTED BY PRO	Methampheta	mine Program			•	
•						
Los Angeles Co	unty, Callic	ornia	14 CONGRE	IAMOISS	DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant			b. Project
7/1/04	6/30	0/05		27		22, 24-39, 42,46
15. ESTIMATED FUNDING:		-	AAAEA 4337	DRACE	200	REVIEW BY STATE EXECUTIVE
a. Federal \$		w	- T	HIS PRE	PPLICATION	APPLICATION WAS MADE
	19	97,895 49	у д	WAILABLE POCESS	FOR REVIEW	TE EXECUTIVE ORDER 12372
b. Applicant		•				
c. State \$					/28/04	
d. Local \$		- W	D. 19O. ILI			ERED BY E. O. 12372
e, Other \$. INC	0 5	OR PROGR	TAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income \$		- 00	17. IS THE A	PPLICAN	F DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL S		w	Div. Keya	al altaba -	n explanation.	£2 No
•	19	97,895 49				
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A	YLEDGE AND BELIEF,	ALL DATA IN THE APPL COVERNING RODY OF T	JUANIUN/PR HE APPLICAI	NT AND T	HE APPLICA	T WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AV	VARDED.				
a Authorized Representative				Middle N	arne	
Prefix Ms.	First Name Winif	red		Middle N	В.	
Last Name				Suffix		
Wechsler					one Number (divo shes code)
Senior Vice P	resident, R	egional Dire	ctor	(818	<u> 686-</u>	3011
d. Signature of Authorized Repres	entative /			e. Date S	6/2	8/04

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Application for Federal Education Assistance (ED 424)



U.S. Department of Education Form Approved. OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit
1. Name and Address Legal Name: La Mesa-Spring Valley School Distri	
Address: 4750 Date Ave.	Student Services ,
La Mesa CA	San Diego 91941 5293
	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 8 7 2 8 9 8 7	6. Novice ApplicantYesNo
3. Applicant's T-I-N 3 3 3 - 0 0 2 3 7 2 5	7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)
4, Calalog of Federal Domestic Assistance #: 84, 1 8 4 B	in year areas an experience
Tille: Office of Safe and Drug Free Schools	8. Type of Applicant (Enter appropriate letter in the box.)
Mentoring Program	A - State F - Independent School District
5. Project Oirector: Dr. John E. Bley	B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address: 4750 Date Ave.	University D - Indian Tribe I - Non-profit Organization
La Mesa CA 91941 5293 City State Zip code + 4	E - Individual J - Private, Profit-Making Organization
City State Zip code + 4 Tel. #: (619) 6685700 Fax #: (619 668 8398	K-Other (Specify):
E-Mail Address: John. Bley@lmsvsd.kl2.ca.us	
Application Information	
9. Type of Submission: -PreApplication -Application	12 Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.)
Construction Construction Non-Construction Non-Construction	A The state of the
	12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Date made available to the Executive Order 12372 process for review):/_/	Yes (Provide Exemption(s) #):
X No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372. X Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
	Project MATCH
11, Proposed Project Dates: 8 / 1 / 2004 6 / 30 / 2007 Start Date: End Date:	
Estimated Funding Authorized Representative 15. To the best of my known	re Information viedge and belief, all data in this preapplication/application are true
14a. Federal \$, 00 and correct. The docu	ment has been duly authorized by the governing body of the applicant
b. Applicant \$ 00 and the applicant will	comply with the attached assurances if the assistance is awarded.
c. State \$00 a. Authorized Representati	ve (Please type or print name clearly.)
d. Local \$00Brian E. Marsha	
d. Other \$, 00 b. Title: Superinter	dent of Schools
	Fax #: (619)6.6883.98
	n Marshall@lmsvsd_kl2.ca.us
g. TOTAL 5 5 5 W Road Pe Signature of Authorize	d Representative .
	Date. / /
JUN 2 4 2004	
STATE CLEADING HOLLOS	
STATE CLEARING HOUSE	

5302836344

OMB Approval No. 0348-0043 2. DATE SUBMITTED dentifier APPLICATION FOR N/A 6-29-04 FEDERAL ASSISTANCE State Applicant Identifier & DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION N/A 6/24/01 Preapplication Application Federal Identifier 4. DATE RECEIVED BY PEDERAL AGENCY Construction Construction N/A Non-Construction 5. APPLICANT INFORMATION Omanizational Unit: Legal Name: Plumas County Sheriff's Department Organizational DUNS: 1936 382 3 6 Name and telephone number of person to be contacted on matters involving this Address (give city, county, state, and zip code) application (give area code) Mike Grant 1400 East Main Street Name: JUN 24 Ouincy, CA 95971 530-283-6375 Phone: TYPE OF APPLICANT: (enter appropriate latter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): H, Independent School Dist. 946000528 State i. State Controlled Institution of Fligher Learning Caunty Private University C. Municipal 8. TYPE OF APPLICATION: K. Indian Tribe D. Township individual ☐ Revision Interstate E. X New ☐ Continuation M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): C. Increase Duration A. Increase Award B. Degresse Award D. NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration Department of Justice Office of Community Oriented Policing Services 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Plumas Co. Sheriff's Dept CAD/RMS Project ō 7 6 1 TITLE: 2004 Technology Initiative 12. AREAS AFFECTED BY PROJECT (cities, counties, status, etc.): Plumas County 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project Start Date Ending Date a. Applicant 4 4 1/23/2004 1/22/2005 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED FUNDING: ORDER 12372 PROCESS7 a, Federal 494739.00 \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 h. Applicant \$.00 PROCESS FOR REVIEW ON: c. State \$.00 6/29/04 DATE d. Local .00 ç PROGRAM IS NOT COVERED BY E.O. 12372 b. NO. 🔲 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other .00 5 FOR REVIEW f. Program Income ΠD \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? M No If "Yes," attach an explanation. g. TOTAL .00 \$ 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 6, Telephone number 530-283-6375 a. Typed Name of Authorized Representative Sheriff Terry Bergstrand e, Date Signed d, Signature of Authorized Representative 6-24-04

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCI	I edalal identil	
Non-Construction 5. APPLICANT INFORMATION	! Non-Construction		1		
Legal Name:			Organizational Unit		
David Vincent			Department:		
Organizational DUNS: 140	531985	- H 110 H	Division: Santa Cruz District		
Address:			Name and telephor	e number of per	son to be contacted on matters
Street			involving this appl	cation (give are: First Name:	a code)
303 Big Trees Park Road		0 0 0004	Prefix: Mr.	David	
City: Felton	JUN	2 3 2004	Middle Namo		
County; Santa Cruz	and the second s		Last Name Vincent		
State: CA	Zip Code A 7 5 0 5	ARING HOUSE	Suffix:		
Country: USA	And the state of t		Email: dvinc@parks.ca.gov	/	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
6B_0303608			(831) 335-6390		(831) 335-6398
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
<u>Mari</u> Nev	v Mantinuatio	n 🗌 Revision	A		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters)		Other (specify)		
(See Back of John tol 2003) Pris.			O NAME OF FEBRU	AL ACEUCY.	
Other (specify)			9. NAME OF FEDER State of California D	epartment of Par	ks and Recreation
10. CATALOG OF FEDERAL I	OMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TILE OF APPLI	CANT'S PROJECT:
		1 1-4 1 9	147-acre coastal bit	iff-top acquisition	
TITLE (Name of Program):					
CZM Administration 12. AREAS AFFECTED BY PR	OJECT (Cities, Countle	s, States, etc.):	-		
Santa Cruz County	,				
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	
Start Date:	Ending Date: December 1, 2004	•	a. Applicant 14th Dist., 17th Dist		b. Froject 14th Dist., 17th Dist
October 2004 15. ESTIMATED FUNDING:	December 1, 200				REVIEW BY STATE EXECUTIVE
a, Federal \$		00	ORDER 12372 PRO	REAPPLICATION	I/APPLICATION WAS MADE
		1,978,955 Tuu	a. res. PA AVAILA	BLE TO THE ST. SS FOR REVIEV	ATE EXECUTIVE ORDER 12372
b. Applicant \$					VON
c. State \$		1,978,955	DATE:	June 23, 2004	
d. Local \$		w	D. NO. 11.5		/ERED BY E. O. 12372
e. Other 5		,00	FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLIC	ANT DELINQUE	NT CN ANY FEDERAL DEBT?
g, TOTAL \$		3,957,910 [°]	Yes If "Yes" atta		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	TRUE AND CORRECT. THE
a. Authorized Representative			Midd	le Name	
Prefix Mr.	First Name David				
Last Name Vincent			Suffi		
b. Title District SuperIntendent	11/		(831	lephone Number) 335-6390	(give area code)
d. Signature of Authorized Repre	espitative		e. Da	ile Signed 6/2/	10:
Previous Edition Usable					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
Authorized for Local Reproduction	וזע				

APPLICATION FOR FEDERAL ASSISTANCI	.	2. DATE SUBMITTED		Applicant Iden	Applicant Identifier		
1. TYPE OF SUBMISSION:			June 18, 2004 3, DATE RECEIVED BY STATE		State Application Identifier		
Application	Pre-application						
Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGE	NCY Federal Identif	ier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			I O in all on all	I Init:			
Legal Name:			Organizational Department:	Onit.			
Association of Bay Area Gover	nments		San Francisco	Estuary Project			
Organizational DUNS:	PARTIE CONTRACTOR CONT	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	Division:				
07-907-3920 Address:	- I - I - I		Name and tele	phone number of pe	rson to be contacted on matters		
Street:	& Brown Sant Bernard			application (give are First Name:	a code)		
P.O. Box 2050	JUN 2 3	2004	Prefix: Ms.	Marcia			
Citv:		Better	Middle Name				
City: Oakland			Last Name				
County: Alameda	STATE CLEARIN	VG HOUSE	Brockbank				
State: CA	Zip Code 94604-2050		Suffix:	•			
Country:	0,00.200		Email: mlb@rb2.swrc	b ca gov			
6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN)		Phone Number		Fax Number (give area code)		
			510-622-2325		510-622-2501		
94-283247 8. TYPE OF APPLICATION:	3]		1	PPLICANT: (See bac	k of form for Application Types)		
8. TIPE OF AFFLICATION.	w 🔽 Continuation	n Revisio	n local govt.				
If Revision, enter appropriate le	tter(s) in box(es)	, , , , , , , , , , , , , , , , , , , ,	local govi.				
(See back of form for description	n of letters.)			Other (specify)			
Other (specify)			9. NAME OF F	EDERAL AGENCY: ntal Protection Agency	y, Region 9		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	CANT'S PROJECT:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN		San Francisco	Estuary Project - Imp	lementation of Comprehensive		
		6 6 - 4 5	Conservation a	and Management Plar	n (CCMP)		
TITLE (Name of Program): Clean Water Act Sect. 320 Na	tional Estuary Program						
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	s, States, etc.):					
9 Bay Area and 3 Delta Count	ies						
13. PROPOSED PROJECT				SIONAL DISTRICTS	OF: b. Project		
Start Date:	Ending Date: Dec. 31, 2005		a. Applicant 9		1-3,6-10,12-16		
Nov. 1, 2004 15. ESTIMATED FUNDING:	Dec. 31, 2003		16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING.		00					
a. Federal	\$	406,984	a. Yes. 🗹 🤼	AILABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372		
b. Applicant	\$	00	PF	ROCESS FOR REVIE	W ON		
		18,000		ATE: June 18, 2004			
c. State	•	410,000			/FDFD DV F O 40070		
d. Local	\$		[D. NO. 11]		VERED BY E. O. 12372		
e. Other	\$.00		R PROGRAM HAS NO OR REVIEW	OT BEEN SELECTED BY STATE		
f. Program Income	\$.00	17. IS THE AP	PLICANT DELINQUE	ENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	00	T Vac If "Vac	attach an explanatio	n 🔽 No		
		834,984 °	UIS ABBLICATION/PRE	APPLICATION ARE	TRUE AND CORRECT. THE		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THI	E GOVERNING BO	DDY OF THE APPLICAN	T AND THE APPLICA	ANT WILL COMPLY WITH THE		
a. Authorized Representative				Middle Name			
Brefix Br.	First Name Eugene			Υ.			
Last Name				Suffix			
Leong b. Title				c. Telephone Numbe	r (give area code)		
b. Title Executive Director				510-464-7910 e. Date Signed	/ 1/ /		
d. Signature of Authorized Rep	me p. c	Zery_	e. Date Signed	18/04			
Previous Edition Usable					Standard Form 424 (Rev.9-200		
Previous Edition Usable Authorized for Local Reproduc	tion				Prescribed by OMB Circular		

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

		0 00 0 000	Exp. 11/30/2004		
Applicant Information					
A.M.	JUN 2		rganizational Unit		
1.,Name and Address Harbor-UCLA REI	1 0019 2	J LOOT			
Address: 1124 W. Carson Stre	et				
	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2				
Torrance	CA	Los Angeles	90502 - ZIP Code + 4		
City		State County			
2. Applicant's D-U-N-S Number 0 6 9 9 2 6	19 6 12 1	6. Novice Applicant _	Yes X No		
3. Applicant's T-I-N 9 5 1 - 2 1 3 8 1 8	141	7. Is the applicant deli	Inquent on any Federal debt?Yes _X_No		
4. Catalog of Federal Domestic Assistance #: 84. 8 4		(I / "Y 08," 6	ittach an explanation.)		
		H. Time of Apolloget /	Enter appropriate letter in the box.)		
Thie: Mentoring Programs		6. Type of Applicant (Lines appropriate ideas in the beauty		
		A - State B - Local	F - Independent School District G - Public College or University		
6. Project Director: Alina Bueno, MPH		C - Special Distr	n a "		
Address: 1000 West Carson Street		University D - Indian Tribe	I - Non-profit Organization		
0.0	500	E - Individual	J - Private, Profit-Making Organization		
Torrance CA 905 City State Zipg Tel. #: (310) 222 - 2331 Fax #: (310) 22	ode + 4	K - Other (Speci	lfy):		
Tel. #: (310) 222 - 2331 Fax #: (310) 22	<u> 2351 /2 - 2351</u>				
E-Mail Address: abueno@rei.edu					
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction 10. Is application subject to review by Executive Order 12	2372 brocess?	any time during Yes (Go to 12a. Are all the	activities involving human subjects planned at the proposed project period? 12a.) X No (Go to item 13.) research activities proposed designated to be om the regulations?		
X Yes (Date made evaliable to the Executive Ortoprocess for review): 6 / 21 / 2004	ser 12372	Yes (Provide Exemption(s) #): No (Provide Assurance #):			
process for review):0_/_Z1_/_ZUU4_	-				
— No (If "No," check appropriate box below.) Program is not covered by E.O. 12) 17 2	13. Descriptive Title	of Applicant's Project:		
Program has not been selected by	State for review.		wo-Youth Mentoring Program		
11. Proposed Project Dates: 5 / 31/ 2005 5 Start Date:	/ 31/ 2007 End Date:	, ower or .	70 100 011 11011001 111g 1 1 0 0 g 1 um		
15. 1		owledge and belief, all dat	a in this preapplication/application are true		
			norized by the governing body of the applicant		
			f assurances if the assistance is awarded.		
c. State \$000 a. Au		ative (Piease type or print i	name clearly.)		
d. Local \$	Ashley Baker Lee N.P., Research Administration & Research Services				
•, Other (in-kinsd)96,000 ob. Tit	0.00		k: (310) 328 - 0254		
f, Program Income \$ 00 c. Te	il.#:(310) <u>222</u> Mail Address: <u>ab</u>		MOTO JACO - VENT		
206 000 no set		zed Representative			
g. TOTAL \$ 300,000		30 1000	Date: 6/23/04		
	Hower 1		Date.		

Application for Federal Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information	2 2004
1. Name and Address	Organizational Unit
Legal Name: Catholic Charities Diocese Address: 149 N. Fulton	ot Fresno
Fresno	CA Fresno 93701
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 8 2 4 4 8 1 1 9	6. Novice ApplicantYesNo
3. Applicant's T-I-N 9 4 - 1 6 7 8 9 3 8 4. Catalog of Federal Domestic Assistance #; 84, 1 8 4 B	7. Is the applicant delinquent on any Federal debt?Yes _XNo (If "Yes," attach an explanation.)
Title: Hmong Mentoring Program	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Pai Yang	 A - State B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address: 149 N. Fulton	University
Fresno CA 93701	- D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
City State Zip code + 4 Tel. #: (559 493-2805 Fax #: (559) 237-7144	K - Other (Specify):
E-Mail Address:pyang@ccdof.org	
Application Information 7. Type of Submission: -PreApplication Construction Non-Construction Non-Construction X Non-Construction	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be
O. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 6 / 30/04	exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
1. Proposed Project Dates; 10 / 1 / 04 9 / 30 / 05 Start Date: End Date;	Hmong Mentoring Program designed t
Start Date: End Date:	prepare refugee children for
stimated Funding Authorized Represent 15. To the best of my k	placement in school. tative Information knowledge and belief, all data in this preapplication/application are true
	document has been duly authorized by the governing body of the applicant
Applicant \$00 and the applicant	will comply with the attached assurances if the assistance is awarded.
State \$ 00 a. Authorized Represer	ntative (Please type or print name clearly.)
Local \$00 Mary Kay H	
Other \$00 b. Title: Chaire	person, Board of Directors
Program Income \$	
TOTAL \$ 150,000 00 e. Signature of Author	ouckley Oleo gol. com Proced Representative Oate: 6 1, 22, 04

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Jacqueline	Middle Name Dai
Last Name Epperson		Suffix RN,
b. Title President, WSRC,Inc		c. Telephone Number (give area code) 530-289-3134
d. Signature of Authorized Repres	sentative	e. Date Signed
L,	The state of the s	O

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Authorized for Local Reproduction

					Version 7/03
PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identi 04-367	fler
	-	06/23/04 3. DATE RECEIVED FEV	STATE	State Application	n Identifier
TYPE OF SUBMISSION: pplication	Pro-application			Federal Identifi	00
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Ledelst ideitm	UI.
Non-Construction	Non-Construction	06/23/04			
APPLICANT INFORMATION		,	Organizational Unit		(1)
gal Name;			Department		
staic Lake Water Agency		A STATE OF THE PARTY OF THE PAR	Division:		
ganizational DUNS:	9011877	TELWE	- d falonhor	o number of per	son to be contacted on matters
[dress:		In It U L	involving this appli	cation (give area	a code)
reel:	I WIT		Prelix:	First Name: Dan	
234 Bouquel Canyon Road			Middle Nama		
ly: anta Clarita		1011 L	Last Nume		
ounty:			Mashada	. ,	
os Angelos ale:	Zip Code		े तिमाएर:		
Ale: ^	91350	No.	Fmail.		
ountry: SA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	150	dmasmida@clwa o		Fax Number (give area code)
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		(881) 297-1600	· · · · · · · · · · · · · · · · · · ·	(661) 297-1611
95-247658	6			CANT: (See bac	k of form for Application Types)
TYPE OF APPLICATION:	Fb~1				
Revision, enter appropriate	lew M Continuat	ion 🖟 Revision	G		
ce back of form for descripti	on of letters.)	۲٦	Other (spacify)		107
الإيالة و مراد و الا		L.J	9. NAME OF FEDE	RAL AGENCY:	
ther (specify)	\ <u></u>	.,,,	Elizabeth Goldman	TITLE OF APPL	ICANT'S PROJECT:
D. CATALOG OF FEDERA	L DOMESTIC ASSISTA	NCE NUMBER:	Extension of CLW/		
TTLE (Name of Program): Surveys, Studies, investigation 2. AREAS AFFECTED BY	ons & Special Purposes PROJECT (Cities, Coun	[8] [6] [6] [0] [6] Grant ties, States, etc.):			
Santa Clarila Valley					4 :====================================
3. PROPOSED PROJECT		144	14. CONGRESSIO	NAL DISTRICTS	i OF: b. Project
Start Date:	Ending Date: Jan 2007		a. Applicant 25th		25th
an 2005 5. ESTIMATED FUNDING:		VEH*	16. IS APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTIV
		D0	ORDER 12372 PR		N/APPLICATION WAS MADE
a, Fedoral	\$	771,400	a. Yes, PT AVAIL	ABLE TO THE S ESS FOR REVIE	TATE EXECUTIVE ORDER 12372
b. Applicant	\$	631,146			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
z. State	\$			06/23/04	
~. ~ LUI 10			.)	DAM IS NOT CO	OVERED BY E. O. 12372
	9.		T 1 h No IT PROG	TO WITO THE TO	
d, Local	\$	00	_ [b, No. 113		
d, Local	\$		D, NO. 113	ROGRAM HAS N	OT BEEN SELECTED BY STATE
d, Local a. Olher	\$ \$		D, NO. 113	ROGRAM HAS N	OT BEEN SELECTED BY STATE
d, Local a. Other f. Program Income	\$ \$	00	17. IS TITE APPL	ROGRAM HAS N REVIEW CANT DELINQU	OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? on.
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY	II Y AII I HORIZED DI	1,402,546 LIEF, ALL DATA IN THIS		ROGRAM HAS N REVIEW CANT DELINGU Lach an explanati	OT BEEN SELECTED BY STATE
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY POCUMENT HAS BEEN DUATTACHED ASSURANCES	SIF THE ASSISTANCE	1,402,546 LIEF, ALL DATA IN THIS	D. NO. 113 [1] OR PI 17. IS THE APPL [2] Yes II "Yes" SI 7. PPLICATION/PREAP OF THE APPLICANT A	ROGRAM HAS N REVIEW CANT DELINGU Hach an explanati PLICATION ART ND THE APPLICATION	OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On. VI No
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY INCOMENT HAS BEEN DUATTACHED ASSURANCES	IF THE ASSISTANCE	1,402,546 LIEF, ALL DATA IN THIS	D. NO. 113 OR PI 17. IS THE APPL OF THE APPLICANT A	ROGRAM HAS NEVIEW CANT DELINOULACH an explanation ARI ND THE APPLICATION ARI ND THE APPLICA	OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On. VI No
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY POCUMENT HAS BEEN DOTATACHED ASSURANCES a. Authorized Representative Prefix Last Name	SIF THE ASSISTANCE	1,402,546 LIEF, ALL DATA IN THIS	D. NO. 113 OR PI OR PI 17. IS THE APPL Yes II "Yes" al OF THE APPLICANT A	ROGRAM HAS N REVIEW CANT DELINGU Hach an explanati PLICATION ART ND THE APPLICATION	OT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? on. INO TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY INCOMENT HAS BEEN DOWNENT HE HAS BEEN DOWNENT HAS BEEN	SIF THE ASSISTANCE	1,402,546 LIEF, ALL DATA IN THIS	D. NO. 113 OR PI 17. IS THE APPL Yes II "Yes" SI APPLICATION/PREAP OF THE APPLICANT A Mi SC	ROGRAM HAS NEVIEW CANT DELINGUISCH an explanati PLICATION ARTIND THE APPLICATION FROM THE APP	OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On. VI No
d, Local a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY F DOCUMENT HAS BEEN DO ATTACHED ASSURANCES a. Authorized Representative Prefix Last Name Masnada b. Tille General Manager	First Name	1,402,546 LIEF, ALL DATA IN THIS	D. NO. 113 OR PI 17. IS THE APPL Yes II "Yes" SI J.PPLICATION/PREAP Mi Sc C. (6	ROGRAM HAS N REVIEW CANT DELINGU Hach an explanati PLICATION ART ND THE APPLICATION	OT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? on. VI No TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
d, Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix Last Name Masnada b. Tille	First Name	1,402,546 IEF, ALL DATA IN THIS THE GOVERNING BODY IS AWARDED.	D. NO. 113 OR PI 17. IS THE APPL Yes II "Yes" SI J.PPLICATION/PREAP Mi Sc C. (6	ROGRAM HAS N REVIEW CANT DELINGUIACH an explanati PLICATION ARI ND THE APPLICATION ARI Idle Name	OT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? on. VI No TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE

15592786964 p.1

APPLICATION FO	•			OMB Approval No. 0348-0043
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED June 21, 20		Applicant Identifier
1. TYPE OF SUBMISSION: Application Construction	Preapplication Construction	3. DATE RECEIVED E		State Application Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATIO	N N			
Legal Name:			Organizational Unit:	
CSUF FOUNDATION				TV DUCTNESS CONTERN
Address (give city, county, Sta	te, and zip code):		Name and telephone	TY BUSINESS CENTER
4910 N. Chestnut Fresno, CA 9372	M/S OF123	G E I V E	in is application (g)ve	e number of person to be contacted on matters involving area code) 559) 278-2352
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			
94-600:	3 2 7 2	JUN 2 2 2004	A. State	ANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:			B. County	n. Independent School Dist.
XXXNe	w Continuation	Revision	O. Municipal	State Controlled Institution of Higher Learning J. Private University
If Revision, enter appropriate le		LULEANNING FIL	D. Fownship	K. Indian Tribe
The trace of the appropriate re	tter(s) in box(es)		E. Interstate	L. Individual
A. Increase Award B. De	crease Award C. Increas	se Duration	F. Intermunicipal	M. Profit Organization
D. Decrease Duration Other	(specify):	se Duration	G. Special District	N. Other (Specify)
			O NAME OF FEBRE	
			9. NAME OF FEDERA	AL AGENCY:
			EDA	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	(IMPER:	44 050000	
			The URC wi	TLE OF APPLICANT'S PROJECT:
7171 - F	. 110	1 1 -3 0 7	System to pro	Ill create a comprehensive
12 APEAS AFFECTED NOM	ic Adjustment	Assistance	and canital a	omote innovation, entrepreneurshi
12. AREAS AFFECTED BY PRO Madera, Stanislau	D.IECT (Citibe Counties of		Joaquin Valle	arealimentin the Central San
Fresno, Kings, Me	read Korn Court	ulare	l dadam Agent	- y
13. PROPOSED PROJECT	14 CONCRECCIONAL TO	.es		
1100201	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	18,19,20,21 a. Applicant			
11/04 10/05	20, 18, 19		b. Project	
15. ESTIMATED FUNDING:	120, 10, 19		18,19,20,21,	_22
			16. IS APPLICATION S	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$ 359,197	00	ORDER 12372 PRO	DCESS?
	337,137	. [THE THE PREAM	301101710111
o. Applicant	\$ 118,941	.00	AVAILABLE	PPLICATION/APPLICATION WAS MADE
. State			PROCESS F	TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
· State	\$.00		1 1
. Local	\$	Do	DATE ()	2104
	Ψ	. 00	*	
. Other	\$	DO	b. No. PROGRAM	I IS NOT COVERED BY E. O. 12372
	93,000	•	■ OR PROGE	RAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$	00	FOR REVIE	EW
			7 IC THE ADDITION	
TOTAL	\$ 571,138	.00	7. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?
TO THE BEST OF THE			Yes If "Vee " att	and an auditorial
OCUMENT HAS BEEN DULY A	LEDGE AND BELIEF, ALL UTHORIZED BY THE GOV	DATA IN THIS APPLICAT ERNING BODY OF THE A		N ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE
TYPE Name of Authorized Repre	nonted			WILL COMPLY WITH THE
Thomas McClanahan		Title	c.	Telephone Number
Signature of Authorized Represe	ntative	Associate VP Un	v. Grants & F	Research 559-278-0850
	### #		e.	Date Signed
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APPLICATION FOR FEDERAL ASSISTANC	re	2. DATE SUBMITTED		Applicant Ide	Version ntifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	/ STATE	State Applica	
Application	Pre-application	3. DATE RECEIVED B	ISIAIL	State Applica	uon identinei
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	☐ Non-Construction				
APPLICANT INFORMATIO egal Name:	N.		Organizational Unit:		***************************************
LAMONT SCHO	OL DISTRICT		Department:	JCTIONAL SE	RVICES
Organizational DUNS:			Division:		
100006 Address:		E I W E In	Name and telephone	number of pe	erson to be contacted on matte
Street:	111/15/15		involving this applic	ation (give are	
8201 PALM AVENUE	= 11231	Commence of the commence of th	Prefix: MS.	First Name:	DIANNE
ity: LAMONT	JUN	2 1 2004	Middle Name	<u> </u>	
county:	And had		Last Name		
KERN tate:	Zip Code	APINO LIOIGE	EASH Suffix:		
CA	210 0000 93241	AKING HVUVE	·		
ountry:	Benefit for price from the companies of probability and the consideration of the constant of t		Email: deash@aol.co	om	
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give ar	ea code)	Fax Number (give area code)
95-600213	8		661-845-5170		661-845-5174
TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See back	k of form for Application Types)
Ne Ne Revision, enter appropriate le ee back of form for descriptio	tter(s) in box(es)	Revision	H - Inc Other (specify)	dependent Sch	ool District
ther (specify)			9. NAME OF FEDERA USDA Rural D		
). CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
TLE (Name of Program):	OMMUNITY FACILITIES	10-766			
2. AREAS AFFECTED BY PF		States, etc.):	LAMONT SCH	OOL DISTRIC	T PHYSICAL EDUCATION
LAMONT, CA	, ,	•			
. PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTS	OF:
art Date: 10/01/2004	Ending Date: 09/30/20	005	a. Applicant LAMONT SCHOO	L DISTRICT	b. Project
. ESTIMATED FUNDING:	33,30720		16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIV
Federal \$.00	ORDER 12372 PROCE		APPLICATION WAS MADE
Applicant \$		34,950	a. Yes. 😢 AVAILABL		TE EXECUTIVE ORDER 12372
State \$		114,317	DATE: 06/	17/04	
Local \$.00	b. No. 🗍 PROGRAM	I IS NOT COVE	ERED BY E. O. 12372
Other \$.00	1		BEEN SELECTED BY STATE
Program Income \$.00			IT ON ANY FEDERAL DEBT?
TOTAL \$		00	☐ Yes If "Yes" attach a		∠ No

g. 18 DC AT

717 17101125 7100011711102011	THE ACCIOTANCE TO ATTARDED.	
a. Authorized Representative		
Prefix MR.	First Name JAMES	Middle Name ROBERT
Last Name BATES		Suffix
b. Title SUPERINTENDE		c. Telephone Number (give area code) 661-845-0751
d. Signature of Authorized Repre	entative LOTOL	e. Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE	F	2. DATE SUBMITTED		Applicant Ide	Version 7
1. TYPE OF SUBMISSION:	, _	3. DATE RECEIVED BY	STATE		ition Identifier
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	uner
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction				
Legal Name:			Organizational Unit	:	
LAMONT SCHOOL	OL DISTRICT			RUCTIONAL SE	RVICES
Organizational DUNS: 100006	3758		Division:		
Address: Street:		WEIN			erson to be contacted on matter
	DEGE !	V B D	involving this appli Prefix:	First Name:	
8201 PALM AVENUE City:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MS. Middle Name		DIANNE
LAMONT	111N 2 1	2004			
County: KERN	0011		Last Name EASH		
State: CA	Zip Code 93241	1110110110	Suffix:		
Country:	TOTALE CLEAN		Email: deash@aol.	nom	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
95-6002138	3		661-845-5170		661-845-5174
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
✓ Ne		Revision	H - Ir	ndependent Sch	ool District
f Revision, enter appropriate let See back of form for description			Other (specify)	,	
Other (specify)			9. NAME OF FEDER USDA Rural	AL AGENCY: Development	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:
		10-766			
TITLE (Name of Program):	OMMUNITY FACILITIES				
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):	LAMONT	SCHOOL DISTR	RICT COMPUTERS
LAMONT, CA					
13. PROPOSED PROJECT Start Date:	Fadina Data:		14. CONGRESSIONA	L DISTRICTS (
10/01/2004	Ending Date: 09/30/20	005	a. Applicant LAMONT SCHO	OL DISTRICT	b. Project
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		47.744	ORDER 12372 PROC	APPLICATION	APPLICATION WAS MADE
o. Applicant \$.00	/ \ V / \ \ L / \ \ L	LE TO THE STA S FOR REVIEW	TIL EXECUTIVE ONDER 12312
c. State \$		136,852			
		•	DATE: 06		
I. Local \$.00	b. No. 🔲 PROGRAI	M IS NOT COVE	ERED BY E. O. 12372
o. Other \$.00			BEEN SELECTED BY STATE
Program Income \$.00	FOR REV		IT ON ANY FEDERAL DEBT?
. TOTAL \$	V 200 000 000 000 000 000 000 000 000 00	184,596	☐ Yes If "Yes" attach	an explanation.	™ No
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF T	AUTHORIZED BY THE G	ALL DATA IN THIS APPL OVERNING BODY OF TH	ICATION/PREAPPLIC IE APPLICANT AND	CATION ARE TE	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
. Authorized Representative					
refix MR.	First Name JAMES		Middle I	Name ROBERT	Γ
ast Name BATES			Suffix		
Title SUPERINTENDEN	T	1 1		hone Number (g	jive area code)
Signature of Authorized Repres		1 Souton	e. Date		17/10/
evious Edition Usable	749165	a your		6/1	Standard Form 424 (Rev.9-2003)
thorized for Local Reproduction	//			I	Prescribed by OMB Circular A-102

APPLICATION FOR)	<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	<u> </u>
** * * * * * * * * * * * * * * * * * * *	Pre-application	3. DATE RECEIVED BY	STATE.	State Applicat	ion Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier System novieski
Non-Construction	Non-Construction	ea de estidação de los de l	, in this paper and the	regensii i	elatice a un colono pelo anipole
5. APPLICANT INFORMATION	Joseph		La salata salata salata salata	TO FOREST OF	Dear Redter tor de erasu
Legal Name: 100 100 100 100 100 100 100 100 100 10		高级现在转数器 可提 发展介绍。 -	Department:		CBRY OF COLLEY DAY RESPON
Kern River Valley Youth Cent	ter Inc.	THE PARTY OF THE P			
Organizational DUNS: 1008634	84 1 6	E . I . V . Bo . Art	DIVISIOII.	e es checilus	is yd beau mest imabeet is et aid.
Address:			involving this applic	ation (give are	rson to be contacted on matters a code; of same code.
Street:	The second secon	0 1 0004 11 11	Prefix:	First Name	กรอบอุธุร ๒๕๖ พลพรา (ป จุลกระบางก Ronald
3640 Golden Spur		Acad	Middle Name Lloyd	I	Voltaiu Voltaiu
City: Lake Isabella	Plant Barriage Barrie	and the second		· · · · · · · · · · · · · · · · · · ·	on the production for the second of the second
County: County	HATECL	EARING MUUOL	Last Name Monta	gue	
Olula: Profess to a top to the control of	Zin Code		Suffix:		
CA ver many standing or family	7,32,40,33, 8, 66,5, 8, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,	- 100 (24 (27 5) 26 (0) (27 5)	Email: kjbrm@aol.c	om	•
6. EMPLOYER IDENTIFICATION	I NUMBER (EIN)		Phone Number (give a		Fax Number (give area code)
			(760) 376-2583	and the second second	(760) 376-2321
77 - 048950 8. TYPE OF APPLICATION:	0		7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
New	Continuatio	n Revision	and the second of the second		े स्थापन के बार के बार के बार के जाता है। विकासनार्थित के स्थापन के बार का कार का कार के बार के
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Other (specify) thousand the second s	ការ ភេទ ១០៩០១១៩១៩១ ភូន្មមានការាសាសាសាសាសាសាសាស	기 (기 전 1 년 1 년 1 년 1 년 1 년 1 년 1 년 1 년 1 년 1	USDA Rural Deve	lopment	william of the second of the s
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT: 2002
নি জিল্পুর মার্কের প্রক্রী । সংক্রমণা এক সংক্রমণা সংক্রমণা সুক্রমণা স্করী বি		10-766			rocker of to be to been
TITLE (Name of Program):	at no men til figgar og skolosisk for for å to skolosisk og stor for handelsk kolo	rangan ng ili Nggarangan	Update facility for	more efficient	energy usage.
12. AREAS AFFECTED BY PRO-	JECT (Cities, Counties	, States, etc.):	(see attached project		ngan an leadhgáil eans le
Lake Isabella, Kern County,	CA	, j.			Bertelling St. J. British W. Fred 1989
13. PROPOSED PROJECT	Ending Date:	1 May Heldin	14, CONGRESSION	AL DISTRICTS	b. Project
eur fra urbyst mautus (st	that are of the type of	pure augif	2.1st		21st
15 ESTIMATED FUNDING:	Charles and Burst of the Bridge of the Charles and Charles and Section (A)	a, jiha a			REVIEW BY STATE EXECUTIVE
a. Federal \$		00	Vac VI THIS PR	EAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
h Applicant \$	55,4	-/2 - 00	VAV:#V#	1 - 1 - 1 1 1 1 - O 1	W ON Little State 1
	In kind match 18,490		DATE:		Marie Park (* 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
c. State \$		•		+	Contracts to the CP (10)
d, Local \$		00			VERED BY E. O. 12372
e. Other	e la la Casa de la Casa de Cas	00	PROGR	N 1/2 1/2	BEEN SELECTED BY STATE
f. Program Income \$	<u>and the first of </u>	• • • • • • • • • • • • • • • • • • •	17. IS THE APPLICA	ANT DELINQUE	ENT ON ANY FEDERAL DEBT?
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9	73,9)62 ·	Yes If "Yes" attac		and the second s
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	, [[[[[[[]]]]]]	ANT WILL COMPLY WITH THE
a Authorized Representative			Middle	e Name	
Prefix	First Name Ronald		Tet as years to the subsets	Lloy	d reases are a River of the soci
Last Name Montague			Suffix		the second constant of the second
h Title			c. Tel	ephone Number (60) 376-232	(give area code)
Board Chairman d. Signature of Authorized Repres	sentative		1. 1.5	§ Signed	72004
Ilmudd Fo	Monta	WO		line t	Standard Form 424 (Rev.9-2003)
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Previous Edition Usable Authorized for Local Reproduction

d. Signature of Authorized Representative

Chairman, County Board of Super-

b. Title

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

(909) 387-4855

County Counse

e. Date Signed

MAY 26 2004

OMB	Approval	No.	0348-0043
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APPLICATION FO	R			2. DATE SUBMITTED		Α	pplicant Identifier	
FEDERAL ASSIST		E						
1. TYPE OF SUBMISSION:				3. DATE RECEIVED BY	STATE	S	tate Application Identifi	er
Application ☐ Construction	1	Preapplication Construction						
⊠ Non-Construction		□ Non-Construction						
				4. DATE RECEIVED BY	FEDERAL	AGENCY F	ederal Identifier	
5. APPLICANT INFORMAT	TION			Ownerstand Title				
Legal Name Los Angeles County Me	etropolit	an Transportation A	ıthority	Organizational Unit: Programming	and Polic	v Analyci	1	
Address (give city, state, and z		A amaportation At		Name and telephone num				ng this application (give
Address (give city, state, and z	ip coae):			area code)	iber of the pe	i don to be conti	cted on military my orvin	'e ma apparation Gree
One Gateway I	Plaza		ENWE	Vnl.				
Los Angeles, C	alifori	nia 90012-2952	BUV B	Kathy Banh	_			
_		1101-		(213) 922-7635	•			
6. EMPLOYER IDENTIFIC	ATION	NUMBER (ÈIN):	1 2 1 7/104	7. TYPE OF APPLICAN	NT: (autau an	nvonviata lattav i	n box) N	
95 - 44 0 19		NUMBER (EIN):	M Z	7. TYPE OF APPLICA	11: (enter upp	oropriale leller i	(box)	
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New □ Continuation □ Revision - A (Increase of Award)		D Township K	Indian Tribe					
rep allo			-	E Interstate L F Intermunicipal M	Individual	anization		
If Revision, enter appropriate letter(s) in box(es):			G Special District N			***		
			ation					
D Decrease Duration Oth	ier (speci	fy)		State Chartered		District		
				9. NAME OF FEDERAL		.!		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Federal Trans			T. C.	
10. CATALOG OF FEDERAL DOMESTIC 20 - 500		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:						
ASSISTANCE NUMBER	e #200			Fiscal Year 2004	Fixed Gui	ideway, CA-	03-0683	
TITLE 49 U.S.C.	8 2307							
12. AREAS AFFECTED BY	PROJEC	T (cities counties states	etc.)	-				
12. AREAS AFFECTED BT	I KOJEC	21 (cines, counties, states	, ειτ.,					
County of Los Angeles, CA								
13. PROPOSED PROJECT		14. CONGRESSIONAL	DISTRICTS OF					
Start Date		Ending Date a	. Applicant			b. Project		
7/1/04		9/30/08	Districts 24 th	rough 39, and 41		Sama as	Applicant	
7/1/04		3/30/00	Districts 24 till	ough 55, and 41		Same as	Аррисан	
15. ESTIMATED FUNDING				N SUBJECT TO REVIEV				
a Federal	\$	31,316,653		REAPPLICATION APPL 372 PROCESS FOR REV		'AS MADE AV	AILABLE TO THE ST	ATE EXECUTIVE
			ORDER 12	3/2 I ROCESS FOR REV	IEW OIV			
			DATE <u>6/0</u>	08/2004				
			b NO □ PR	OGRAM IS NOT COVER	RED BY E O	12372		
			b NO = 110	oddin is not covar		12072		
				PROGRAM HAS NOT BI	EEN SELEC	TED BY STAT	E FOR REVIEW	
b Applicant	\$.00						
	\$.00						
	\$	7,829,163.00	_					
	\$.00	45 10 mile (ppr - 0	A NOT DEL INCLUSION CAP	ANV DEDE	DAI DEBTO		<u> </u>
f Program Income	\$.00	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDEI	RAL DEBI		
			☐ Yes If "Y	es" attach an explanation	× N	o		
				-				
g TOTAL	\$	39,145,816.00						
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A	WLEDGE	AND BELIEF, ALL DATA	IN THIS APPLICATION P	REAPPLICATION ARE TRUE ATTACHED ASSURANCES	E AND CORR	ECT. THE DOC	JMENT HAS BEEN DULY ARDED	AUTHORIZED BY THE
GOVERNING BODY OF THE A	FLICAN	AND THE AFFLICANT W	THE COME IN WITH THE	I MORED AGGURANCES				
a Typed Name of Authorized	Represe	ntative			b Title		c Telephone num	iber
	-				Danuty Fra	entive Officer	(010) 00	2 2456
FRANK FLORES					1	cutive Officer, ng & Policy An	(213) 92 alysis	Z-2450
d. Signature of Authorized R	epresenta	ative,			e. Date Sign			
1 // . ^		//						
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	Suia Application	Idealine
FEDERAL AGENC	Y Federal Identifier	
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Division: Envi	ronmental	OFFICE
Hame and telepi	Mail California (Misso Ason	
Prefix: Mars	First Name: Ca	therine
Sal	ubel) =
SUMIX: Spok	eswoman	
Emall:		
Phone Number	(give area code)	Fax Number (give area code)
	0711	760-782-2701
T. TYPE OF AP	PLICANT: (See bad	cut form for Application Types)
Out or (apportity)	K	1 2 2
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9, NAME OF	ederal adenti.	rotection Agenc
11. DESCRIP	WE TITLE OF ADPL	ICANT'S PROJECT:
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14 CONGRE	BSIONAL DISTRICT	OF:
A Applicant	11/62	15
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IA0000 1217	2 PRULE DO (- LATION A MADE
LOS YORB UJ W	CLAN ARIE TO THE	
	PROCESS FOR REVI	EM ON
 -	DATE:	
	PROGRAM IS NOT	OVERED BY E. O. 12372
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17, 18 THE	FOR REVIEW APPLICANT DELING (*** ottach on explant REAPPLICATION AL ANT AND THE APPL Middle Name Suffix	UENT ON ANY FEDERAL DEB
	Name and tolapt Involving this sp Prefix MISS. Middle Name Last Name Sall Suffix: Spoke Email: Phone Number 750-782 7. TYPE OF AP Other (specify) In DESCRIP Non Po: 14. CONGRE a. Applicant 16: IS APPLI ORDER 1237	Name and tolephore number of pere involving this application (give area Prefix Mrs. First Name) Carlotten (give area Last Name Saubel Suffix: Spokeswoman Email: Phono Number (give area cose) 760-782-0711 7. TYPE OF APPLICANT: (See back of the condition of t

APR 3 0 2004 GMO, PMD-7

6-18-2004 14:47 FRUI	M-CITA OF ZETWY	·	228-880-1088	1-120 P.002/00	2
FEDERAL ASSISTAN	NCE	2 DATE SUBMITTED 6/18/04		Applicant Identitier	
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication			•	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			L	
5. APPLICANT INFORMATION			Organizational Unit:		· · · · · · · · · · · · · · · · · · ·
Legal Name: City of S	alma			epartment	
Address (give city, county, State,		E U W E L		number of person to be contacted	d on matters involving
	1151 15 101	E I V E IN	this application (give a		o on mancia myony
Selma, CA	er Street 93662		Roseann Ga	·	64 📜
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	2 1 2004 11	7. TYPE OF APPLICA	NT: (enter appropriate letter in b	xox)
	7 7 7	See See See 1		",	ि
94-6101010	14 3 1	en and Alabaman property and control of the control	A. State	H. Independent School Dist.	
B. TYPE OF APPLICATION:	CTATE OF	EVDING HULLS	B. County	I. Slate Controlled Institution of	Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
,		, ,	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
		•	F. Intermunicipal	M. Profit Organization	÷
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(:	sp ec ify):		9. NAME OF FEDERA	L AGENCY:	
			U.S. Depa	rtment of Justice	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	UMBER:		LE OF APPLICANT'S PROJEC	
G		1 6 - 71 0	This progra	am will allow the	Selma Police
Secure Our School			Department and Selma Unified School District to expand security measures in the		
TITLE: Grant P	rogram				
12. AREAS AFFECTED BY PRO	JJECT (Cities, Counties, Siz	nies, elc.):	schools and	d work on gang int	ervention.
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF			
Secure Our School		5,145,001,			
Start Date Ending Date	a Applicant	20.1	b. Project	00.1	
9/1/02 8/31/03		20th	,	20th	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STA	TE EXECUTIVE
			ORDER 12372 PR	OCESS?	
a. Federal	\$, 000			
		0,000		PPLICATION/APPLICATION W	
b. Applicant	\$	w		TO THE STATE EXECUTIVE O)RDER 12372
		0,000	PROCESSI	FOR REVIEW ON:	
c. Sblo	\$,	DATE _6/	18/04	
d. Local	\$	00	UAIE		
u. 2001	:	-	b No. IT PROGRA	M IS NOT COVERED BY E. O.	12372
e. Other	\$.00		RAM HAS NOT BEEN SELECT	
			FOR REVI		÷
f. Program Income	\$,00			· ·
		·	17. IS THE APPLICAN	IT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	s 20	,000	Yes H"Yes," a	ttach an explanation.	₩ио
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLICA	ATION/PREAPPLICAT	ON ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF		·			
a. Type Name of Authorized Repr	resentative	b. Title		c. Telephone Number	
Q-5 Heusser		City Manag		559 896-1064	
d. Signature of Authorities Repres				e. Date Signed June 18, 2004	

APPLICATION FOR FEDERAL ASSISTANCE	<u>:</u>	2. DATE SUBMITTED		Applicant Ident	ifier	Version 7/03
		5/27/04 3. DATE RECEIVED BY	STATE	State Application	on Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application					<u>.</u>
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			[A]	Id.		
Legal Name:			Organizational U			, , , , , , , , , , , , , , , , , , , ,
San Jose State University Four	dation		Moss Landing Ma	rine Laboratories		
Organizational DUNS; 05-882-0715			Division:	one number of pe	t- be conto	and on motters
Address:	1101		Involving this ap	one number of per plication (give are	e code)	ted off filatters
Street:		N 18 2004 LU	Prefix:	First Name: Robert		
210 North Fourth Street, 4th Flo	oor UU	14 . 5001	Middle Name	TRODBIT		
City: San Jose			Kevin			
County: Senta Clara	STATEC	I FARING HOUSE	Last Name Burton			D. A.
State: California	Zip Code 95112-5569	And the second s	Suffix:			
Country:			Email: rburton@miml.ca	lstate.edu		
U.S.A.* 8. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g		Fax Number (give	area code)
94-6017636	_		(831) 771-4428		(831) 632-4403	
8, TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bac	k of farm for Applic	cation Types)
₩ Ne	O - Auxiliary of San Jose State University - 501(c)(3)					
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)	on ∏ Revision	Other (specify)	XII 9935 51815		
			9. NAME OF FED	ERAL AGENCY:		
Other (specify)			Environmental Pr			4 i
TITLE (Name of Program): Watland Program Grants 12. AREAS AFFECTED BY Pl San Mateo, Santa Cruz, San B			Wetlands			
13, PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	OF:	***
Start Date:	Ending Date:		a. Applicant	10	b. Project 14, 17, 23	
10/1/04	9/30/06		16 IS APPLICAT	16 TON SUBJECT TO		TE EXECUTIVE
15. ESTIMATED FUNDING:						
a. Federal	•	140,D00	a. Yes. AVAI	ROCESS? PREAPPLICATION LABLE TO THE ST	N/APPLICATION V ATE EXECUTIVE	ORDER 12372
b. Applicant	F	17,000	PROCESS FOR REVIEW ON			
c. State	B	15,000		E: 6/18/04		••
d. Local	\$	un '	D. No. CLI	GRAM IS NOT CO		* 3
e, Other	\$	15,000	'- FOR	ROGRAM HAS NO		
f. Program Income	S	00	17. IS THE APPI	ICANT DELINQUE	NT ON ANY FED	ERAL DEBT?
P.	\$	187.000		ttach an explanatio		
16. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	E GOVERNING BODY OF	PLICATION/PREAI THE APPLICANT	PPLICATION ARE AND THE APPLICA	TRUE AND CORF	RECT. THE LY WITH THE
a, Authorized Representative			IK.A	iddle Name		.::
Breflx Br.	First Name Pamela).		. 2.7
Last Name Stacks				ıffix		***
b. Title		Telephane Number (08) 924-2427	(glve area code)			
Interim AVP Graduate Studies d, Signature of Authorized Rep		Data Clamad	118/04			
a, signature of Authorized Rep	fam	il Start		Date Signed 6	110/04	

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APPLICATION FOR		. 4			Version 7/03
FEDERAL ASSISTANC	E	2 DATE SUSMITTED	orli 13, 2004	Applicant Iden	tifter
1, TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	N/A	State Applicati	N/A
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	iler ·
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			1	
Legal Name:			Organizational Unit: Department.		
La Poste Bend of Mission India Organizational DUNS:	ans		Division:		,
95-604-		plane		e number of ne	reon to be contacted on matters
Address: Street: P.O. Box1120		EUVEIN	Involving this applic		
City:	TIN TIN	1.0	Middle Name	М.	_
Boulevard County:	LILI UUN	-1-8-2004 5} 	Last Name		
County: San Diego State:	Zip Code	- Vindenson of the second of t	Suffix:	HIII	
CA	91905	A Secretary	Sı	Г	
Country: USA	AND THE STATE OF T	1001/3 HOUSE	Email; laposta1@aol		
6. EMPLOYER IDENTIFICATI	ON NUMBER (E(N):	Constitution of the second section of the section of the second section of the section of the second section of the section o	Phone Number (give	-	Fax Number (give area code)
95-373627	0		(619) 478-2113 x-22		(619) 478-2125
8. TYPE OF APPLICATION:	FF-5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate is (See back of form for description	etter(s) in box(es)	on Revision	K. Indian Tribe Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY:	
					tection Agency, Region 9
10. CATALOG OF FEDERAL	, domestic assistat				CANT'S PROJECT:
TITLE (Name of Program):		66-419	Water Quality Manag	ja () eg gerpent Plan	outro (
12. AREAS AFFECTED BY P	ROJECT (Cities, Counti	es, States, etc.):	•		
La Posta Indian Reservation.	San Diego County, CA				
13. PROPOSED PROJECT	[Ending Date:		14. CONGRESSION a. Applicant	AL DISTRICTS	OF: b. Project
Start Date: 10/01/04	Ending Date: 9/30/	05	52nd		52nd
15. ESTIMATED FUNDING:			16. IS APPLICATION		REVIEW BY STATE EXECUTIVE
a. Federal	S	76,000	THIS PE	REAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant 5%	\$	4.000		SS FOR REVIE	
c. State	\$	4,000	DATE:		
d. Local	\$.00	b. No. 🗖 PROGR	AM IS NOT CO	ÆRED BY E. O. 12372
e. Other	\$	uo ,	OR PRO		T BEEN SELECTED BY STATE
f. Program Income	\$.00			NT ON ANY FEDERAL DEBT?
g. TOTAL	5	80,000	Yes if "Yes" attac	th an explanation	n. 🛭 🖺 No
ATTACHED ASSURANCES I	Y AUTHORIZED BY TH	E GOVERNING BODY OF '	PLICATION/PREAPPL THE APPLICANT ANI	D THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Middl	e Name	
	Gwendolyn		Suffix		
Last Name	Parede				
b, Title	Cuatebersou		(61	ephone Number 9) 478-2113	(give area code)
A. Signature of Authorized Rep Previous Edition Usable	perentative la	RECE	IVED . Da	te Signed Q	13, 2001 Standard Form 424 (Ref. 9-2003
Authorized for Local Reproduc	llon	APR 1	5 2004	,	Prescribed by OMB Circular A-10
	\\ \ \	GMC	D, PMD-1		

APPLICATION FOR FEDERAL ASSISTANCE	<u>-</u>	2. DATE SUBMITTED		Ta 15 (11)		Version 7/0
		MAy 7, 2004		Applicant Ide	uniter	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	· -	State Applica	tlon Identifier	•
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ideni	üfier	
Non-Construction	Non-Construction					,
5. APPLICANT INFORMATION Legal Name:			Organizational Univ	h		
Agua Caliente Band of Cabuilla	Indians		Department:			
Organizational DUNS:			Planning Department Division:	II		
182070482 Address:			Water			
Street:			Name and telephor involving this appli	e number of pe cation (give an	erson to be contac ea code)	ted on måtters.
650 East Tahqultz Canyon Way	DEG	B N W B C	Prefix:	First Name:		
City: Palm Springs			Middle Name W.	Clifford		
County; Riverside	To the same of the		Last Name Batten	1		
State:	Zip Code JUN	-18 2004 	Suffix:		111,	-
California Country:	92262		R.G.			
United States of America			chatten@aguacaller			# * - 1
6. EMPLOYER IDENTIFICATIO	Self Ell book bulled	EAKING HOUSE	Phone Number (give	area code)	Fax Number (give	area code) "
95-2549724	Productional of the few pays (PC) (PC) (PC) (PC) (PC) (PC) (PC) (PC)		760 325-3400		760 325-6952	
8. TYPE OF APPLICATION:	h771		7. TYPE OF APPLIC	ANT: (See bac	k of form for Applica	ation Types)
I Nev If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	⊓ Revision	K Other (spacify)			
Other (specify)			9. NAME OF FEDER	AL AGENCY:		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	E NI IMBED:	EPA 11. DESCRIPTIVE T	THE OF ADDLE	CANTE ODO IEO	
TITLE (Name of Program): Clean Water Act Section 319 12. AREAS AFFECTED BY PRO	OJECT (Cities, Countles	6 6-4 6 0	Clean Water Act Sec			
Agua Callente Reservation, City						
19. PROPOSED PROJECT			14, CONGRESSION	AL DISTRICTS	OF:	
Start Date; 10/1/04	Ending Date: 9/31/05		a. Applicant		b. Project	
16. ESTIMATED FUNDING:	1 8/3 1/43		Mary Bono 16. IS APPLICATION	V SUBJECT TO	Mary Bono	E EYECUTIVE
a. Federal \$			ORDER 12372 PROC	ESS?		
		30,000	a, Yes, AVAILAE	EAPPLICATION BLE TO THE ST	VAPPLICATION WA	AS MADE ORDER 12372
b. Applicant \$		20,000		SS FOR REVIEW		
c. State \$		·	DATE:			
d. Local \$		·	b. No. 🖽 PROGRA	AM IS NOT COV	/ERED BY E, O. 123	37 2
e. Other \$		·	OR PRO		T BEEN SELECTE	BYSTATE
f, Program Income \$,	17, IS THE APPLICA	NT DELINQUE	NT ON ANY FEDER	CAL DEBT?
g. TOTAL \$		50,000	☐ Yes If "Yes" attack			
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T B. Authorized Representative	AUTHORIZED BY THE (SOVERNING BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	CATION ARE 1 THE APPLICA	RUE AND CORRE NT WILL COMPLY	CT. THE WITH THE
Prefix Mr.	First Name			Name		
Last Name Milanovich	Richard		M. Suffix			
o. Title Chainnan	^	, , , , , , , , , , , , , , , , , , , ,	c. Tele	phone Number	(Bloco sens sviQ)	
Signature of Authorized Replies	sentative	250511	a Date	25-3400 Signed	1	· ··· ;
Previous Edition Usable		RECEI		-4-00	Standard Form 4	24 (Rev.9-2003)

MAY 1 1 2004 GMO, PMD-7

Proscribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 17, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☑ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	1	
Non-Construction	Non-Construction			B-04-SP-CA-0	0097
5. APPLICANT INFORMATION Legal Name:			Organizational L	Jnit:	
City of Redding			Department:		
Organizational DUNS:			Division:		
073780413 Address:			Name and telent	none number of ne	rson to be contacted on matters
Street:			involving this ap	plication (give are	a code)
777 Cypress Ave			Prefix: Mr.	First Name: Randy	
City: Redding			Middle Name		
County: Shasta			Last Name Bachman	2000 B. A.	
State: CA	Zip Code 96001		Suffix:		
Country: USA			Email: rbachman@ci.ree	dding.ca.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
94-60000401			(530) 225-4067		(530) 225-4325
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)
✓ New		n 🔲 Revision	C Municipal		
If Revision, enter appropriate lette (See back of form for description		П	Other (specify)		
Other (specify)			9. NAME OF FED Housing and Urba	DERAL AGENCY: an Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program):			Property Acquisit Park. (see attach	ion and Site prepara ed Narrative)	ntion for the Stillwater Business
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):			
Redding, Shasta County				•	
13. PROPOSED PROJECT				ONAL DISTRICTS	
Start Date: 12/1/2004	Ending Date: 12/1/2008		a. Applicant CA 2nd Herger		b. Project CA 2nd Herger
15. ESTIMATED FUNDING:	12/1/2000		16. IS APPLICAT	ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PF		/APPLICATION WAS MADE
b. Applicant \$	E CENTER	223,673	a. Yes. 😢 AVAI		ATE EXECUTIVE ORDER 12372
c. State	F Banana	.00	DATE	:June 17, 2	2004
d. Local \$	JUN 1 8 200	4 .00	b. No. 🔲 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		OUSE .		ROGRAM HAS NOT REVIEW	T BEEN SELECTED BY STATE
f. Program Income	TATE CLEARING H	00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		223,673 ·	Yes If "Yes" at	ttach an explanation	. 🛮 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	ALL DATA IN THIS APPI GOVERNING BODY OF T	LICATION/PREAP HE APPLICANT A	PPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			£	J.J. N.	
Prefix MR.	First Name Michael			ddle Name	
Last Name Warren				ffix	
b. Title City Manager			(5	Telephone Number (30) 225-4061	(give area code)
d. Signature of Authorized Repres	sentative		e. 1	Date Signed	17 000/

APPLICATION FOR FEDERAL ASSISTANC	F	2. DATE SUBMITTED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:			6-11-04	State Applicat	
Application	Pre-application				on dendie
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational L	Jnit:	
Bear Mountain Re	ecreation & P	ark District	Department:		
Organizational DUNS:		Control and the Control of the Contr	Division:		
Address: Street:	, (~IE	CEIVED	involving this ar	plication (give are	rson to be contacted on matters a code)
10300 San D	iego St.	JUN 1 8 2004	Prefix: MR.	First Name:	tuart
City: Lamont	·	0 2004	Middle Name J	ames	
County: Kern	STAT	E CLEARING HOUSE	1 1 1	awson	
State: Ca.	Zip Code 93241		Suffix:		
Country: USA			Email:	onhande	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	onbmrpd@aci	Fax Number (give area code)
95-600092	5		(661)845-	-0757	(661)845-4238
8. TYPE OF APPLICATION:					of form for Application Types)
Ne If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	n F Revision	Other (specify)	G-Special	District
Other (specify)	L		9. NAME OF FEE	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): 12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties	10-766	Arvin Rehabi	Community litation	Pool
13. PROPOSED PROJECT			14 CONGRESSI	ONAL DISTRICTS	ne.
Start Date:	Ending Date:		a. Applicant		b. Project
3-1-05 15. ESTIMATED FUNDING:	5-1!	5-05		strict 5	District 5 REVIEW BY STATE EXECUTIVE
· · · · · · · · · · · · · · · · · · ·		BO	ORDER 12372 PE	OCESS2	
a. Federal \$	35,432.10	•	a. Yes. XX AVAI	PREAPPLICATION LABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00		CESS FOR REVIEW	
c. State \$	28,989.90	.00	DATE	June 2, 2	004
d. Local \$.00	b. No. IT PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00			T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPL	REVIEW ICANT DELINQUEI	NT ON ANY FEDERAL DEBT?
g. TOTAL \$.00	Yes If "Yes" a	ttach an explanation	. IX No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	LICATION/PREAF	PLICATION ARE T	RUE AND CORRECT. THE
a. Authorized Representative Prefix	First Name		A A:	ddle Name	
MR	Stuart			Jame	S
Last Name Lawson				ffix	
b. Title District Ma	nager		c. Telephone Number (give area code) (661)845-0757		
d. Signature of Authorized Repr			e.	Date Signed	e 11, 2004
Previous Edition Usable Authorized for Local Reproduction	on		nna maran na maran an ann ann ann ann ann ann ann ann		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	6-11-04	Applicant Iden	uner
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
XX Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit.	
	arastis a	. 1 5	Department:	1111.	
Bear Mountain Re Organizational DUNS:	ecreation & P	ark District	Division:		
Address:			Nome and taleah	ana aumbar of na	rson to be contacted on matters
Street:				plication (give are	
10300 San Di	ego St.		Prefix: MR	First Name:	Stuart
City: Lamont			Middle Name	ames	
County: Kern			l ast Name	awson	The state of the s
State:	Zip Code		Suffix:	TWSOII	
Ca. Country:	93241				
USA				nbmrp@acni	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (given	ve area code)	Fax Number (give area code)
95-6000925			(661) 845		(661)845-4238
8. TYPE OF APPLICATION:	Preser.		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
Nev If Revision, enter appropriate lett		n	G-Specia	al Distric	t
(See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FED	ERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11 DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
	Joined House Addition And				
TITLE (Name of Program):		10-766	1	ch Park yo se equipme	
12. AREAS AFFECTED BY PR	O IECT (Cities Counties	CALLA- \	excercis	se equipme	iic renab
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
Sep. 1, 2004 15. ESTIMATED FUNDING:	Oct.	31, 2004	Dist	crict 5	District 5 REVIEW BY STATE EXECUTIVE
			00000 40070 00	005000	
a. Federal \$	59,025.00	•	a. Yes. 🔯 AVAIL	ABLE TO THE ST	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	PROC	ESS FOR REVIEW	V ON
c. State \$	19,675.00	00	DATE	: June 2,	2004
d. Local \$	19,073.00	CEIVED	b. No. IT PROG	GRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		00		ROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$	JU	N 1 8 2004	FOR	REVIEW	NT ON ANY FEDERAL DEBT?
7. TOTAL \$	C ""				
	SIATEC	LEARING HOUSE	}	tach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE 1 IND THE APPLICA	TRUE AND CORRECT. THE
a. Authorized Representative			R.A.:	idla Nama	
Prefix Mr.	First Name Stuar	t		idle Name Jam	es
Last Name Lawson			Suf	ffix	
b Title District Mana	ger		c. 1	Telephone Number	(give area code) (661)845-0757
d. Signature of Authorized Repre		1- Baus	e. (Date Signed Jul	ne 11, 2004
					104 (0 - 100)

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:	3. Date Rec'd by State	State Application Identifier
Application Preapplication		
Construction Construction	4. Date Rec'd by Federal	Federal Identifier
X Nonconstruction Nonconstruction		
5. Applicant Information:	Organizational Unit:	
Legal Name and Address:	Division of Financial Assistance	
(give city, county, state, and zip code)	Name and telephone of person to be	
State Water Resources Control Board	involving this application (give area	code):
1001 I Street, Sacramento County	Wayne Pierson	
Sacramento, California 95814	(916) 341-5755	
6. Employer Identification Number (EIN): 680281986		pendent School District
6. DUNS Number: 808321913	B. County I. State	Institute of Higher Learning
8. Type of Application:		ite University
X New Revision Continuation	D. Township K. India	an Tribe
If Revision, enter appropriate letter(s):	E. Interstate L. Indiv	vidual
A. Increase Award B. Decrease Award	F. Intermunicipal M. Prot	fit Organization
C. Increase Duration D. Decrease Duration		er (specify)
Other (specify)	•	
	9. Name of Federal Agency:	
10. Catalog of Federal Domestic Assistance Number	U. S. Environmental I	Protection Agency
66.458		
	11. Descriptive Title of Applicant's	Project:
Title: Capitalization Grants for State Revolving Funds		
	To achieve statewide compliance w	ith water quality objectives.
12. Area Affected by Project:		
(cities, counties, states, etc.) JUN 1 8 2004		
California		
13. Proposed Project:		
Start Date SIEnd Date FARING HO		
7/1/04 6/30/14	Applicant: Project:	:
	3 Californ	nia - All
15. ESTIMATED FUNDING:	16. Is the application subject to rev	riew by the State
	Executive Order (EO) 12372 proces	
a. Federal \$95,741,300	a. YES: _X_ This application	on/preapplication was made
b. Applicant \$0	available to the State	EO 12372 process for
c. State \$19,148,260	review on:	
d. Local \$0	Date: J	June 18, 2004
e. Other \$0	b. NO: Program is no	ot covered by EO # 12372
f. Program Income \$0		not been selected by the
I rogian moone	state for revie	-
g. TOTAL \$114,889,560	17. Is the applicant delinquent on a	
5. 101112	YES, attach explanation	X NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A	ALL DATA IN THIS APPLICATION/PRE	APPLICATION ARE
TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU	ILY AUTHORIZED BY THE GOVERNIN	IG BOARD OF THE
APPLICANT, AND THE APPLICANT WILL COMPLY WI	TH THE ATTACHED ASSURANCES IF	THE ASSISTANCE
IS AWARDED.		
a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
	Executive Director	(916) 341-5615
Celeste Cantú	DACCULIVE DIRECTOR	(510) 511 5010
1 C' A SEA SEA SEA SEA SEA SEA SEA SEA SEA S		e. Date Signed:
d. Signature of Authorized Representative		e. Date orgined.
		·

		•					OMB Approval No. 0348-004	3
APPLICATION F	OR)	2. DATE SUBMITTED		Appl	licant Identifier	
FEDERAL ASSIS'	TANC	E				' I		
1. TYPE OF SUBMISSION Application ☑ Construction ☑ Non-Construction		Preapplication ☐ Construction ☐ Non-Construction		3. DATE RECEIVED BY	STATE	State	e Application Identifier	_
				4. DATE RECEIVED BY	FEDERAL A	GENCY Fede	eral Identifier	_
5. APPLICANT INFORMA	TION			Ta				_
Legal Name Los Angeles County M	Tetropol	itan Transportation A	uthority	Organizational Unit: Programming	and Police	v Analysis		
Address (give city, state, and							ed on matters involving this application (give	<u>-</u>
	•			area code)				
One Gateway Los Angeles, (rnia 90012-2952		Nela De Castro (213) 922-6166				
6. EMPLOYER IDENTIFI 95 - 44019		NUMBER (EIN):		7. TYPE OF APPLICAN	NT: (enter appr	ropriate letter in b	ox) N	
8. TYPE OF APPLICATIO	N:				ndependent Sc tate Controlle	chool Dist. ed Institution of 4	Higher Learning	
New Continuation	on x Re	vision		D Township K	Private Unive Indian Tribe Individual	rsity		
If Revision, enter appropri				F Intermunicipal M G Special District N	1 Profit Organ			
A Increase Award B I D Decrease Duration O	Decrease ther (spec		ration	State Chartered	l Transit	District		
				9. NAME OF FEDERAL	AGENCY:			_
				Federal Trans				_
10. CATALOG OF FEDER		iestic 20 - 5 ()7	11. DESCRIPTIVE TIT	LE OF APPLI	(CANTS PROJEC	CT:	
ASSISTANCE NUMBER TITLE 49 U.S.C.		7		CA-90-Y197-01	- Fiscal Ye	ar 2004-05 O _l	perating Assistance	
12. AREAS AFFECTED B	Y PROJE	CT (cities, counties, state	s, etc.)					
City and County of L	os Ange	eles, CA						
13. PROPOSED PROJECT		14. CONGRESSIONAL	DISTRICTS OF					_
Start Date		Ending Date	a. Applicant		b	. Project		
07-01-2003		06-30-2005	25 through 39, 42, 46			Same as A	pplicant	_
								_
15. ESTIMATED FUNDIN	1			N SUBJECT TO REVIEV				
a Federal	\$	32,700,481	00000040	REAPPLICATION APPL 372 PROCESS FOR REV		AS MADE AVAIL	ABLE TO THE STATE EXECUTIVE	
			DATE06/	/04/04_				
			b NO □ PRO	OGRAM IS NOT COVER	ED BY E O 12	2372		
			☐ OR I	PROGRAM HAS NOT BE	EN SELECTE	ED BY STATE FO	OR REVIEW	
b Applicant	\$.00					PRODUCTORS OF THE SECOND PROCESSING AS SHARE AS SHARE AS SHARE AS SHARE AS A SHARE A SHARE AS A SHARE A SHARE AS A SHARE A	
c State	\$.00	_				MECEIVED	-
d Local e Other	\$	4,236,694	-				MILOLIVED	ĺ
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDER	AL DEBT?	JUN 1 7 2004	ŀ
. 3			_				3011 1 . 2007	
			— ☐ Yes If "Y	es" attach an explanation	⊠ No		CT A STATES AND SERVICE STATES	
g TOTAL	\$	36,937,175					STATE CLEARING HOUSE	
18. TO THE BEST OF MY KN GOVERNING BODY OF THE A	OWLEDGI APPLICAN	E AND BELIEF, ALL DATA IT AND THE APPLICANT V	IN THIS APPLICATION P	REAPPLICATION ARE TRU E ATTACHED ASSURANCES	E AND CORRE IF THE ASSIS	CT. THE DOCUMI TANCE IS AWARI	ENT HAS BEEN DULY AUTHORIZED BY THE DED	
a Typed Name of Authorize	ed Repres	entative			b Title Director		c Telephone number	-
GLADYS LOWE					Regional Gra	nts Management	(213) 722-2737	_
d. Signature of Authorized	Represen				e. Date Signed	5-28-0	,4	
	<i></i>						•	

APPLICATION FOR		Participation of the second of			Version 7/03	
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED June 10, 2004		Applicant Iden	tifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	lor.	
Construction	☐ Construction	TOTAL TREGETIES DI	TEDETOLINO	T Cuerar identi	161	
Non-Construction 5. APPLICANT INFORMATION	☑ Non-Construction					
Legal Name:			Organizational U	nit;		
County of Imperial			Department: Imperial County C	ommunity and Ecor	nomic Development	
Organizational DUNS:	65685		Division:			
Address:			Name and teleph	one number of pe	rson to be contacted on matters	
Street: 836 Main St.			involving this ap	plication (give are	a code)	
			Prefix: Mr.	First Name:	Ken	
City: El Centro, CA 92243			Middle Name			
County: Imperial			Last Name Hollis		•	
State: CA	Zip Code 92243		Suffix:			
Country: USA			Email:	lic@imporialcounty	not	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (gi	lis@imperialcounty. ve area code)	Fax Number (give area code)	
95-6000924			760-337-7814	•	760-337-8907	
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
□ Ne	w 🗸 Continuatio	n 🖺 Revision	County		,,	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	<u>Γ</u>	Other (specify)			
Other (specify)	<u>. </u>	Ш	9. NAME OF FED	ERAL AGENCY: pment Administration	Nn.	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:		,	CANT'S PROJECT:	
					sistance (Section 203)	
☐ TITLE (Name of Program):		1 1-3 0 2			,	
	10 IFOT (0#== 0===#=	01-11	<u>_</u>			
12. AREAS AFFECTED BY PF	COJECT (Cities, Counties	s, States, etc.):				
Countywide 13. PROPOSED PROJECT			44 CONCRESSI	ONAL DISTRICTS	OE:	
Start Date:	Ending Date:		a. Applicant		b. Project	
July 1, 2004	July 31, 2005		51rst of California	-	51rst of California	
15. ESTIMATED FUNDING:			ORDER 12372 PR		REVIEW BY STATE EXECUTIVE	
a. Federal \$		60,000	THIS	PREAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		00	AVAII	CESS FOR REVIEV	VON	
c. State	FOEIMET	20,000	DATE			
r IT	<u> </u>	. 00				
d. Local	JUN 1 7 2004		b. No. 🔲 PROC	BRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$	3014 1 7 2001	- 00		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$	A TOLLOUINE THE	105	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL STATE CLEARING HOUSE 80,000 Yes If "Yes			Yes If "Yes" at	tach an explanation	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			ja es	Idla Nassa		
Prefix Ms. First Name Robertta				Middle Name		
Last Name Burns			Su	Suffix		
b. Title Chief Executive Office	er, Imperial County		c.	c. Telephone Number (give area code) 760-482-4290		
d. Signature of Authorized Representative			e. 1	e. Date Signed		
Previous Edition Usable	,				Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproducti	on				Prescribed by OMB Circular A-102	

FEDERAL ASSISTANCE		June 15, 2004		Applicant Identifier 04-388		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it.		
San Francisco Bay Area Water	Transit Authority		Department:	16.		
Organizational DUNS:	. ranott rathority		Division:			
148299493 Address:						
Street:			involving this app	ne number of pe lication (give are	rson to be contacted on matters a code)	
120 Broadway			Prefix:	First Name: Veronica		
City: San Francisco			Middle Name	veronica		
County: San Francisco			Last Name Sanchez		:	
State: California	Zip Code 94111		Suffix:			
Country: USA			Email: sanchez@watertra	nsit ora		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
94-3380498	-		(415) 291-3377		(415) 291-3388	
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See back	k of form for Application Types)	
New If Revision, enter appropriate lette		Revision	Regional transit ope			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDE U.S. Environmental		ev	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:	
TITLE (Name of Program):			Air quality/Diesel Mitigation Project - testing the emissions benefit of using PuriNOx, an alternative fuel, to operate two ferry boats serving Alcatraz (a National Park Service property).			
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):				
City and County of San Francisc	0					
13. PROPOSED PROJECT Start Date:	Ending Date		14. CONGRESSION	NAL DISTRICTS		
August 1, 2004	Ending Date: May 31, 2005		a. Applicant Rep. Nancy L. Pelos	si	b. Project same	
15. ESTIMATED FUNDING:	— llu —		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ORDER 12372 PRO		/APPLICATION WAS MADE	
b. Applicant	TIVED	71,000	AVAILA	BLE TO THE STA	ATE EXECUTIVE ORDER 12372	
c. State	CEIVED	00	-		VON	
a 10	7 7 2004		DATE:	June 15, 2004		
d. Local \$	JUN I L TOO.	.00	b. No. 🔲 PROGR	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$	UOI	ISE 12,000	OR PRO	OGRAM HAS NO	FBEEN SELECTED BY STATE	
f. Program Income STA	TE CLEARING HOL	. 00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	128 (SEC. 1)	00			17 2 1	
18. TO THE BEST OF MY KNOW	VI EDGE AND BELIEF	83,000 ALL DATA IN THIS ARR	Yes If "Yes" attac			
ATTACHED ASSURANCES IF T	O I HORIZED BY THE C	OVERNING BODY OF T	HE APPLICANT AN	D THE APPLICAL	NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		[6.4.4.1]	e Name	-	
	Steve					
Last Name Castleberry			Suffix			
. Title Chief Executive Officer			c. Tel (415)	ephone Number () 291-3377	give area code)	
. Signature of Authorized Repres	entative			te Signed 14, 2004		

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APPLICATION FOR

Version 7/03

FEDERAL ASSISTANCE 2. DATE SUBMITTED 07/07/2004			Applicant Identifier			
TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S	STATE	State Application	on Identifier	
☑ Construction	☑ Construction	4. DATE RECEIVED BY F	EDERAL AGENC	Y Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	Land of the second of the seco					
Legal Name:			Organizational L Department:	Jnit:		
Southern California Presbyteria	n Homes		Affordable Housin	ng		
Organizational DUNS: 06-992-5345		E D W E D	Division: Corporate Office		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address: Street:			•	none number of per pplication (give are	rson to be contacted on matters	
516 Burchett Street	The state of the s	1 7 2004	Prefix: Ms.	First Name: Sally		
City: Glendale,	JUN	LJUH hamed	Middle Name			
County: Los Angeles			Last Name Little		AMMANA	
State: California	Zip Code 91203	ARECONAL	Suffix:			
Country: United States of America			Email: sallylittle@scphs.	.com		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)	
9 5 1 8 9 4 2 9 3			(818) 247-0420		(818) 247-3871	
8. TYPE OF APPLICATION:		6115 —	7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
₩ Nev If Revision, enter appropriate lett		n 🖺 Revision	O - Not for profit	organization		
(See back of form for description			Other (specify)			
Other (specify)			9. NAME OF FED U.S. Department	DERAL AGENCY: of Housing and Urba	an Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program			Construction of an 100-unit affordable housing community for low income seniors in the city of Oceanside, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance Program.			
12. AREAS AFFECTED BY PRO	,	, States, etc.):	L.			
City of Oceanside, County of Sa	n Diego, California					
13. PROPOSED PROJECT	I Fu dia a Data			ONAL DISTRICTS C	DF: っ Project	
Start Date: 7/01/05	Ending Date: 7/01/06		Applicant		74	
15. ESTIMATED FUNDING:		AMARA COMPANIA COMPAN	16. IS APPLICAT ORDER 12372 PF	ROCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		13,200,000			APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
b. Applicant \$		25,000	PRO	CESS FOR REVIEW	ON	
c. State \$			DATE	E: 06/14/2004		
d. Local \$		1,800,000	b. No. :1.3		ERED BY E. O. 12372	
e. Other \$. 00	FOR	REVIEW	BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPL	JCANT DELINQUEN	IT ON ANY FEDERAL DEBT?	
g. TOTAL \$		15,025,000		attach an explanatior		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE G	OVERNING BODY OF TH	ICATION/PREAPI E APPLICANT AN	PLICATION ARE TR ID THE APPLICANT	UE AND CORRECT. THE WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		lMi	iddle Name		
Prefix Ms.	First Name Sally					
Last Name Little				Iffix	(rive erected)	
b. Title Vice President, Affordable Hous	sing /	^		Telephone Number 118) 247-0420	(give area code)	
d. Signature of Authorized Repro	esentative L	ittle		Date Signed 7/06/2004		

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APPLICATION FOR

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANC	Ε	2. DATE SUBMITTED		Applicant Ident	Version 7/03
	-	07/07/2004 3. DATE RECEIVED B	V STATE	State Applicati	on Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	ISIAIL	Otate Applicati	on identifici
☑ Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO	N		10		
Legal Name:			Organizational Unit: Department:		
Southern California Presbyteri	an Homes		Affordable Housing		:
Organizational DUNS: 06-992-5345			Division: Corporate Office		
Address:		TIW BITT	Name and telephone		rson to be contacted on matters
Street:			involving this applic		a code)
516 Burchett Street			Prefix: Ms.	First Name: Sally	
City: Glendale,	JUN 1	7 2004	Middle Name		
County: Los Angeles			Last Name Little		
State: California	Zip Code 91203	RINGHOUSE	Suffix:		
Country: United States of America		Marin and American American	Email: sallylittle@scphs.con	1	
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
95-189429	হ		(818) 247-0420		(818) 247-3871
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
	ew 🔲 Continuatio	on Revision		•	
If Revision, enter appropriate le	etter(s) in box(es)	III IIII NOVISIOII	O - Not for profit orga	nization	
(See back of form for description	on of letters.)		Other (specify)		
Other (specify)		ل_1	9. NAME OF FEDER	AL AGENCY:	
			U.S. Department of F		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T		
		1 4-1 5 7			housing community for low
TITLE (Name of Program):			income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant		
Section 202 Supportive Housi 12. AREAS AFFECTED BY P			Advance.	J	• .
	•	o, otatos, oto.).			
City of Clovis, County of Fresr			44 CONCRESSION	AL DISTRICTS	OE:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	b. Project
7/01/05	7/01/06		27		19
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal	\$.00	ORDER 12372 PROC	EAPPLICATION	/APPLICATION WAS MADE
	,	8,400,000	a. Yes. W. AVAILAE	LE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant	\$	25,000	PROCES	SS FOR REVIEW	V ON
c. State	\$		1	6/14/2004	
d. Local	\$		D. NO. ILB		ERED BY E. O. 12372
e. Other	\$. 00	FOR RE	/IEW	T BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	8,425,000 ·	☐ Yes If "Yes" attac	h an explanatior	n. 🔲 No

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix First Name Ms. Sally	Middle Name
Last Name Little	Suffix
b. Title Vice President, Affordable Housing	c. Telephone Number (give area code) (818) 247-0420
d. Signature of Authorized Representative	e. Date Signed 07/06/2004
	0. 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 07/07/2004		Applicant Ider	ntifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	' Federal Identi	fier	
Construction	Construction	., ., ., ., ., ., ., ., ., ., ., ., ., .				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Un	it:		
Southern California Presbyteria	n Homes		Affordable Housing	Department: Affordable Housing		
Organizational DUNS: 06-992-5345		EIWEIN	Division: Corporate Office			
Address:			Name and telephone number of person to be contacted on matters			
Street: 516 Burchett Street			involving this app	First Name:	ea code	
	JUN_	<u> 17 2004 19 1</u>	Ms. Middle Name	Sally		
City: Glendale,			The same of the sa			
County: Los Angeles	STATE OF		Last Name Little			
State: California	Zip Code 91203	ALL ALL DELLA CARE EL POPULAR POR PARA	Suffix:			
Country: United States of America			Email: sallylittle@scphs.co	om		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
95-1894293	7		(818) 247-0420		(818) 247-3871	
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
Nev		n Revision	O - Not for profit org	nanization		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	_	Other (specify)			
(Occ back of form for accompany						
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:	
TITLE (Name of Program): Section 202 Supportive Housing	14-157	Construction of an 68-unit affordable housing community for low income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant				
12. AREAS AFFECTED BY PR			Advance.	,, ,	,	
City of Fresno, County of Fresn	• •	.,,				
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:	
Start Date:	Ending Date: 7/01/06		a. Applicant 27		b. Project 19	
7/01/05 15. ESTIMATED FUNDING:	7701706			ON SUBJECT TO	REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PRO		WARDI ICATION WAS MADE	
a. Federal \$		7,600,000	a. Yes. A THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$		25,000				
c. State \$.00	DATE:	06/14/04		
d. Local \$	14 14 14 14 14 14 14 14 14 14 14 14 14 1	.00	b. No. 🔲 PROGI	RAM IS NOT CO	/ERED BY E. O. 12372	
e. Other \$	A STATE OF THE STA	.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$		7,625,000	Yes If "Yes" atta			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPI THE APPLICANT AI	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			ln #: a.a.	lle Name		
Prefix Ms.	First Name Sally			Middle Name		
Last Name Little			Suff	ix		
b. Title Vice President, Affordable Hous	sing	\cap	(818	Telephone Number (give area code) 18) 247-0420		
d. Signature of Authorized Repr		e. D	e. Date Signed			

Previous Edition Usable Authorized for Local Reproduction June 4, 2004

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Repres	entative			
Prefix MS	First Name Jane	Middle Name M.		
Last Name Graf		Suffix		
b. Title PRESIDENT		c. Telephone Number (give area code) 415-355-7100		
d. Signature of Authorized Representative		e. Date Signed		
Previous Edition Usable		Standard Form 424 (Rev.9-2003)		

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APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/14/04		Applicant Iden	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applicati	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier		
Construction	Construction	4. DATE NEOCIVED BY	I EDETAL AGE	, odoran doman			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:				Organizational Unit:			
MERCY HOUSING CALIFORN	IA		Department: Los Angeles O	ffice			
Organizational DUNS: 883200900	· · · · · · · · · · · · · · · · · · ·		Division:				
Address:			Name and telephone number of person to be contacted on matters				
Street: 1360 Mission Street, Suite 300			involving this application (give area code) Prefix: First Name:				
1000 Mission Circui, Cuite 000			Ms	Sharon			
City: San Francisco			Middle Name				
County: San Francisco		and an order of the control of the c	Last Name Christen				
State: CA	Zip Code 94103		Suffix:				
Country: UNITED STATES		A CONTRACTOR OF THE CONTRACTOR	Email:	il: rristen@MERCYHOUSING.ORG			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number (give area code) Fax Number (give area code)			
94-3081666	_		(415) 355-7111		(415) 355-7122		
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)		
✓ Nev	w 🗓 Continuatio	0 NOT FOR P	ROFIT ORGANIZATIO	N			
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es)		Other (specify)				
(See back of form for description			Other (specify)				
Other (specify)				9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		1 4-1 5 7		New Dana Strand Senior Homes			
TITLE (Name of Program):				450 N. Hawaiian Avenue Willmington CA 90744-4937 99 one-bedroom, very low income, service-enriched units for seniors			
HUD SECTION 202 12. AREAS AFFECTED BY PR	O IECT (Cities Counties	States etc.):	1	room manager's unit			
City and County of Los Angeles		s, Olalos, Clo.).					
13. PROPOSED PROJECT	, Camorna		14 CONGRES	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant		b. Project		
12/1/04	12/1/06		46 IS ADDI IC	08	REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372	PROCESS?			
a. Federal \$		13,610,715 ·	a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
b. Applicant \$	A Branch Commencer of the Commencer of t	00		PROCESS FOR REVIEW ON			
c. State	CENED	10,000	- DA	TE: 6/14/04			
H A Dienes	. 0001	00	D.		EDED BY E O 12272		
	JUN 1 6 2004	781,642	b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other \$, , , , , , , , , , , , , , , , , , ,	500,000	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
f. Program Income STA	ECLEARING HOUS	.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		14,892,282	1	" attach an explanation			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative	First Name			Middle Name			
Prefix MS	Jane	M.					
Last Name Graf		Suffix					
b. Title PRESIDENT	///	c. Telephone Number (give area code) 415-355-7100					
d. Signature of Authorized Repre	esentatove / //	e. Date Signed					

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